

SUPPLIER INFORMATION

EDI CONTACT NAME: _____
EDI CONTACT PHONE: (____) _____
E-mail Address: _____
EDI CUSTOMER COMMUNICATION CODE if you have: _____
(Please distinguish between 'O' and '0' (zero))

SOFTWARE COMPANY (if utilized): _____

DATE READY TO TEST: _____

This date will be utilized by Covisint to call your EDI Contact person to begin the test process. Please be prepared to test all transaction sets:

840, 843, 850, 860 and 865

Your company will have two weeks to complete testing.

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Please provide all locations of your company and their respective duns number. Each location provided must have a different duns number. One duns number cannot represent more than one location. EDI will be turned on for only those locations indicated.

MASTER SUPPLIER LOCATION:

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: (____) _____

ADDITIONAL LOCATIONS:

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: (____) _____

Use back or additional sheets as required to cover all locations.

THIS FORM MUST BE RETURNED WITH THE SIGNED EDI TRADING PARTNER AGREEMENT.

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: () _____

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: () _____

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: () _____

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____
SECONDARY NAME: _____

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/CNTRY/ZIP: _____
CORPORATE PHONE: () _____

DUNS NUMBER: _____
PRIMARY SUPPLIER NAME: _____

SECONDARY NAME:

PHYSICAL ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/CNTRY/ZIP: _____

CORPORATE PHONE: (_____) _____