

EDI Trading Partner Profile

Date: _____

Vendor Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) ____ - ____ Fax: (____) ____ - _____

EDI Details:

1) Indicate the date your company will be ready to begin EDI testing: _____

2) Does your company use an EDI third party provider? Yes ___ or No ___ (select one)

If yes, Please provide the following information:

Contact name: _____ Contact phone #: _____

Contact e-mail address: _____

3) For your company indicate the following:

Primary Contact Name: _____ Title: _____

Contact phone #: _____ E-mail address _____

Secondary Contact Name: _____ Title: _____

Contact phone #: _____ E-mail address _____

4)	<u>Test</u>	<u>Production</u>
	Qualifier: _____	Qualifier: _____
	ISA ID: _____	ISA ID: _____
	GS ID: _____	GS ID: _____

Value Added Network or VAN: _____

5) Is your company AS2 capable? Yes ___ or No ___ (select one)

6) It is mandatory that all vendors doing purchase order driven business support the following 3 EDI transactions: 810 Invoice, 850 Purchase Order and 856 Advance Ship Notice (ASN) along with the UCC128 label.

I understand that as a condition of doing business with Shopko Stores Operating Co. LLC my company is required to support and send/receive the 3 transactions stated above [in all business transactions with Shopko Stores Operating Co. LLC](#).

Authorized Signature: _____

By (print): _____ Title (print): _____

OFFICE USE ONLY:

Shopko Vendor Number: _____ (Mandatory)

Shopko Buyer Name: _____

Shopko Buyer Phone number _____

Revised 06/04/14