## ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

**Company Name:** _____

Ace Vendor # _____

**Company Address:** _____

_____

_____

**Vendor EDI Coordinator Contact:**

Name _____

Phone _____

Fax _____

Email _____

**EDI Third Party Provider (if applicable):** _____

**EDI Third Party Coordinator Contact:**

Name _____

Phone _____

Fax _____

Email _____

Document(s) to test (please place an "X" in the appropriate space):

850___ 856___ 810___ 810cr___ 820RA___ 812___ 864___
**(Note: The 810, 810cm, 820RA, 812 & 864 are all REQUIRED documents.)**

AS2 (enter AS2 identifier here) _____

What are your EDI qualifiers and ID?

**Test Data Qualifier:** _____ **ID:** _____

**Production Data Qualifier:** _____ **ID:** _____