



FREIGHT BILL QUESTIONNAIRE (210)

E-MAIL – anna.barker@yellowcorp.com

COMPANY: _____
 ADDRESS: _____
 CITY STATE ZIP: _____

CONTACT: _____
 PHONE: (____) _____
 FAX: (____) _____
 E-MAIL ADDRESS: _____

- (1) TYPE OF BILLS: ☐ Outbound Prepaid ☐ Inbound Collect ☐ All DEFAULT:ALL
- (2) EDI VERSION (ASC X12): ☐ 004010 ☐ 003040 DEFAULT:004010
- (3) ENVELOPE TYPE: ☐ GS ONLY ☐ ISA DEFAULT:GS
- GS:** SENDER CODE (GS02): _____ (12 Char) DEFAULT:YFSY
 RECEIVER CODE (GS03): _____ (12 Char) **MANDATORY**
- ISA:** AUTHORIZE QUAL (ISA01): _____ (02 Char) DEFAULT 00
 AUTHORIZE CODE (ISA02): _____ (10 Char)
 SECURITY QUAL (ISA03): _____ (02 Char) DEFAULT:00
 SECURITY CODE (ISA04): _____ (10 Char)
 SENDER ID QUAL (ISA05): _____ (02 Char) DEFAULT:02
 SENDER ID (ISA06): _____ (15 Char) DEFAULT:YFSY
 RECEIVER ID QUAL (ISA07): _____ (02 Char) **MANDATORY**
 RECEIVER ID (ISA08): _____ (15 Char) **MANDATORY**
 INTERCHG STANDARD (ISA11): _____ (01 Char) DEFAULT:U
 INTERCHG VERSION (ISA12): _____ (05 Char) DEFAULT:00200
 SUB-ELEMENT SEP. (ISA16): _____ (01 Char) DEFAULT:>(HEX 6E)

- (4) What is your Functional Acknowledgment (997) Sender ID? _____ **MANDATORY**

- (5) NETWORKS: PREFERRED: KLEINSCHMIDT
 SECONDARY: TRANSETTLEMENTS STERLING COMMERCE
 *OTHER: _____

*If "Other", Sterling will be the inter-connect network. If using an inter-connect network, your Receiver ID must be set up with Sterling (1-877-432-4300) in addition to your selected VAN.

YOUR RECEIVER ID MUST BE SET UP AT THE NETWORK BEFORE WE CAN TRANSMIT ANY DATA TO YOU.

- (6) FTP: CONTACT YOUR EDI ANALYST

- (7) FTP: PGP Encryption Required: ☐ YES ☐ NO

DATA FORMAT: ☐ WRAPPED WITH CR/LF EVERY 80 BYTES ENDING WITH SEGMENT TERMINATOR
☐ UNWRAPPED WITH LINE FEED ONLY
☐ UNWRAPPED WITH CARRIAGE RETURN AND LINE FEED
☐ ONE RECORD (ALL SEGMENTS IN ONE RECORD WITH CR/LF AT END OF RECORD)

- (8) TRANSMISSION SCHEDULE: ☐ DAILY ☐ WEEKLY (Please select day: _____) DEFAULT:DAILY

- (9) Please advise LOCATIONS participating in EFB process. **MANDATORY**
 (Name, Street Address, City, State, Zip and Location Codes, if applicable)

- (10) Please provide detailed specifications for any reference number requirements (e.g. bill of lading or purchase order numbers, store or location codes, etc.).

This form was designed to assist Yellow Freight in obtaining your EDI Requirements; it does not imply that Yellow Freight can/will meet all the requirements you detail. We cannot process your EDI request until this questionnaire is received.

Please provide the following information to enable Yellow Freight System to process your Electronic Freight Bill correctly.

FREIGHT PAY COMPANY IF APPLICABLE: _____	PAYABLE CONTACT: _____
ADDRESS: _____	PHONE: (____) _____
CITY STATE ZIP: _____	FAX: (____) _____

- (10) Is your payment process automated? **YES** _____ **NO** _____
- (11) Will the bills in the transmission be validated against an internal file? **YES** _____ **NO** _____
If the answer to #10 is **YES** – please answer 11-14.
- (12) What is the source of the internal file, and which data elements are validated? _____
SOURCE _____
ELEMENTS _____
- (13) If the validation file is from an external source, when will the file become available for a match? _____
- (14) If a match is not obtained initially, how often will the 210 transmission be recycled to obtain the match?
DAILY _____
OTHER _____
- 15) Will an EFB rejection report for unmatched bills or rejected bills be provided to the Carrier? **YES** _____ **NO** _____
If **YES** when, and how often will the report be provided? _____