EDI TRADING PARTNER PROFILE

EDI TRADING PARTNER TYPE:

_____ Jurisdiction _____ Claims Administrator
_____ Service AWCD _____ Employer
_____ Other (specify): _____

EDI TRADING PARTNER INFORMATION:
Name:_____

* FEIN: _____* Postal Code: _____
* Used to identify you as a trading partner

Physical Address: _____

City: _____ State: _____ Postal Code: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

CONTACT INFORMATION:

Business Contact:	**Technical Contact:**
Name: _____	**Name:** _____
Title: _____	**Title:** _____
Addr: _____	**Addr:** _____
_____	_____
Phone:_____	**Phone:**_____
Fax:_____	**Fax:**_____
Email:_____	**Email:**_____