



RITE AID

EDI/B2B TRADING PARTNER PROFILE

COMPANY INFORMATION

Rite Aid Assigned 5 Digit Vender #: _____ Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Corporate Website: _____

EDI / B2B Contact

Name: _____

Title: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____ Cell: _____

Name: _____

Title: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____ Cell: _____

Business Contact

Name: _____

Title: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____ Cell: _____

Method for Exchanging Transactions

EDI Web-Based Third Party Solution Provider

Web-Based Provider _____ Third Party Provider _____

If EDI - INFORMATION REQUIRED FOR TESTING

ISA Qualifier: _____

ISA Sender/Receiver ID: _____

GS Sender/Receiver ID: _____

Value Added Network(s): _____

Inbound Transmission Times: _____

Outbound Transmission Times: _____

Versions Supported: _____

[] TO BEGIN EDI TESTING PLEASE CONTACT

Name: _____ Phone: _____

Email: _____

Note: To begin testing or exchanging transactions electronically complete and return this profile.

FAX (717) 975-8623 OR EMAIL TO EDI@RITEAID.COM