



## **Rite Aid Financial EDI (FEDI) Trading Partner Profile**

Date Completed: \_\_\_\_\_ Vendor No. \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEDI Bus. Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FEDI Tech Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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1. Does your company receive payment and/or remittance from other organizations via Financial EDI (FEDI)? Check all that apply:  
\_\_\_\_ Payment \_\_\_\_ Remittance \_\_\_\_
2. Indicate the method and data format by which you receive electronic remittance information from your trading partners:  
\_\_\_\_ Bundled to bank with payment and remittance  
\_\_\_\_ Split with payment to bank and remittance to Trading Partner (Via 820 transaction)  
  
**Note:** Rite Aid will send remittance detail and adjustment codes in the EDI transaction to reconcile with the payment. However, it is the responsibility of the Trading Partner to insure that the necessary level of remittance detail is provided by your Bank or EDI service provider for your needs. Please refer to 820 Adjustment Codes document for reference located on EDI web site at [www.riteaidediservices.com](http://www.riteaidediservices.com).
3. Which version of the ANSI X12 820 does your company support?  
\_\_\_\_ 4010 \_\_\_\_ 5010 \_\_\_\_ Other (please specify): \_\_\_\_\_

# RITE AID CORPORATION EDI TRADING PARTNER PROFILE

5. Do you require a formal FEDI Trading Partner Agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Please indicate if there are the FEDI terms offered? \_\_\_\_\_ Yes (please attach) \_\_\_\_\_ No

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Completed By \_\_\_\_\_ / \_\_\_\_\_ Date

*Please Fax/Email This Form To The EDI Dept. at 717-975-8623 and send the original to Rite Aid Treasury Department, 200 Newberry Commons, Etters, PA. 17319.*

*Please Note: This Request Must Be Accepted and Approved By Rite Aid Category Management and Treasury Department. Upon that approval the Financial EDI Payment Agreement will be requested.*

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**RETURN COMPLETED PROFILE TO: RITE AID CORPORATION  
EDI DEPARTMENT  
PO BOX 3165  
HARRISBURG PA 17105  
FAX: (717) 975-8623**