This enrollment form should be filled out and sent to Member Services at:  
 [member.services@aggateway.org](mailto:member.services@aggateway.org) or faxed to 913-469-5814.

1) General Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name** |  | | | | |
| **Address** |  | | | | |
|  | | | | | |
| **Phone Number** |  |  | **Web Site** |  | |
| **GSI Prefix** |  |  |  | |  |

* If you plan to use your company’s GS-1 prefix to create GLN identifiers for your company’s owned locations, please provide the e-mail address of the person responsible those records:

|  |  |
| --- | --- |
| Email address for Owned Location Contact |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGIIS Subscription Type:** | Full Access |  |  | View Only |  |

2) Subscriber Business Contacts:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contacts:** | Name | Email Address | Phone |
| Primary Contact |  |  |  |
| Secondary Contact |  |  |  |

Please list any user(s) who, along with the Primary and Secondary Business Contacts, will be Subscriber Administrators for your company. A Subscriber Administrator has full access to your data and is responsible to set-up users for your company.

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Phone |
|  |  |  |
|  |  |  |

(*View only subscribers stop here.)*

3) Authorized Vendors:

Do you plan to use a third party vendor to process information from AGIIS? Yes  No

If yes, you and the vendor will be required to complete an [Authorized Vendor Agreement](http://s3.amazonaws.com/aggateway_public/AgGatewayWeb/eConnectivity/AGIIS/AGIIS_Authorized_Vendor_Assignment_Agreement_AGW.docx) and send it along with this enrollment form to AgGateway.

4) EBID Identifier Usage

Will you establish an EBID Subset? Yes  No  If no, proceed to item #5

* If yes, approximately how many records? \_     \_\_\_\_\_\_\_\_
* If yes, please specify the transport protocol, frequency & format to be used for your EBID update files.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EBID Update Transmission Method | FTP | Email | VAN | Not Applicable | Frequency | | Daily | Weekly | Monthly | Semi-Annually |
|  |  |  |  |  |  | |  |  |  |  |
|  | | | | | | | | | | |
| File Format | XML | | Excel Spreadsheet | | | ASCII | | | EDI 838 | |

* If FTP, the Directory Administrator will provide a user id and password
* If Email, provide the e-mail address(es) to which the EBID update notifications are to be sent

|  |  |
| --- | --- |
| Email address for EBID Updates |  |

* If VAN, please specify the VAN and mailbox ID:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VAN: |  | Mailbox ID: |  | Trading Partner ID & Qualifier: |  |

5) GLN Identifier Usage

Will you establish a GLN Subset? Yes  No  If no, proceed to item #6

* If yes, approximately how many records? \_     \_\_\_\_\_\_\_\_
* If yes, please specify the transport protocol, frequency & format to be used for your GLN update files.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GLN Update Transmission Method | FTP | | Email | Not Applicable | | Frequency | Daily | Weekly | | Monthly | Semi-Annually |
|  | |  |  | |  |  | |  |  |
|  | | | | | | | | | | | |
| File Format | | XML | | | Excel Spreadsheet | | | |  | | |

* If FTP, the Directory Administrator will provide a user id and password
* If Email, provide the e-mail address(es) to which the GLN update notifications are to be sent

|  |  |
| --- | --- |
| Email address for GLN Updates |  |

**Will you be using the AGIIS GLN Bulk Add/Update Process:** Yes  No

* If yes, please specify the file format to be used for your GLN Bulk add/update files.

|  |  |  |  |
| --- | --- | --- | --- |
| File Format | XML | ASCII | |
| Email address for GLN Bulk Submissions | | |  | |

6) Product Identifier Usage

**Will you establish a Product Subset?** Yes  No

* If yes, approximately how many records? \_     \_\_\_\_\_\_\_\_

Will your company upload Products to the AGIIS Directory? Yes  No

* If yes, approximately how many records? \_     \_\_\_\_\_\_\_\_
* If yes, please provide the e-mail address of the person responsible for sending your product file to AGIIS:

|  |  |
| --- | --- |
| Email address for Product Import Files |  |

* If yes, please provide the e-mail address of the person responsible for answering product questions:

|  |  |
| --- | --- |
| Email address for Product Issue Contact |  |