



Supplier EDI Trading Partner Worksheet

Supplier Name: _____ Date Submitted: _____

Duns Number		
Asset ID Number		
NEPOOL Effective Date		
Common Code		
ISA Qualifier ID		
ISA Identifier		
GS Identifier		
Company		
Address		
Customer Service Tel # <small>(to appear on bill if consolidated billing)</small>		
WEB Address		
Business Contact		
Phone		
Fax		
Email		
Utility Testing Contact		
Phone		
Fax		
Email		
EDI Contact		
Phone		
Email		
Segment Terminator		
Element Separator		
Sub-Element Separator		
VAN Name & Mailbox #		

PSNH's default setting for Control # checking is Not Turned On. Should Control # checking be turned on? NO_____ YES _____