EDI and Web Reporting Request Form

Send completed form to: channelrequests@adobe.com

Partner Type: ALC ☐   Distributor ☐   Reseller ☐

Adobe Sales Manager Name: _____

Adobe Sales Manager E-mail : _____

Partner/Customer Company Name: _____

Customer Sold to Number: _____

Customer Contract Number: _____

Check all of the following requests that apply.

Web Queries	☐	EDI POS and Inventory Reports	☐
Web Ordering	☐	EDI PO Acknowledgment	☐
Web Inventory Reports	☐	EDI Ordering	☐
Web POS Reports	☐	EDI Invoicing	☐

Purchasing Contact receives login and password for the channel orders website.

Contact Name: _____

E-mail Address: _____

EDI Contact information is required for EDI requests.

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Signature of Requestor _____

SECTION BELOW COMPLETED BY BUSINESS PROCESS ANALYST

ZCUSTOMERACCT NUMBER _____

ZCUSTOMER - CUSTOMER ID _____

CUSTOMER CODE _____

LOCATION IDs _____

ADD CODE TO WEBAUTOAPP LIST _____

ADD CUSTOMER TO LOGS _____

CREATE OUTLOOK ALIAS _____

E-MAIL LETTER _____

LOCATE AND SETUP OF D& B _____

DQXI (US and Canada only) _____

ADD COPY OF FORM TO SERVER _____