

Company Name:





Company Transmitting Data (Vendor, third party, acting on behalf of shipper):

KCSR/KCSM EDI Setup Requests

Email to:

edisupport@kcsouthern.com

Company Address					Specify	y below i	f this setup is for
Company Address:					test an	nd/or pro	duction:
Business Contact:						0	PRODUCTION
Contact Name:						0	TEST
Phone Number:					Indicat	te which	carrier this setup is for:
Email Address:						0	KCS
EDI Contact:						0	KCSM
Contact Name:						0	ВОТН
Phone Number:							your production
Email Address:					goal da	ate:	
Value Added Network (V	AN)						
VAN Name:							
Trading Partners EDI Spe	cifications:						
ISA Sender			GS Sender	ID:			
Qualifier:							
ISA Sender ID:			GS Receive	r ID:			
ISA Receiver			CLM Heade	er ID:			
Qualifier:							
ISA Receiver ID			CLM Fleet				
EDI Version:			Additional	tion:			
Mark the transaction typ	es this setu	up applies to:				<u> </u>	
o 404	0	417	0	322			o 440
o 410	0	824		CLM rmat	_	Specify C	Other(s):
File Transfer Protocol:							
O FTP		0	MQ			Other:	

KCS/KCSM does not offer direct connection and requires a VAN to switch transactions.

Please allow time for testing and data quality review.

Office Use Only						
Date Received:		MCS Production Date:				
Date Testing Began:		Date Testing Ended:				
CMF:		Collector:				
Railinc Case #		Railinc Rep:				