



## Retail Choice Partner Registration

### Company Information

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

Duns Number (9 digits): \_\_\_\_\_

State Registering for: \_\_\_\_\_ Current NJBPU License: \_\_\_\_\_

VAN Services Provider: \_\_\_\_\_

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

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

### Contact Information

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

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Document Information

810 Invoice ☐

820 Remittance Advance ☐

824 Application Advice ☐

814 Enrollment ☐ Change ☐ Drop ☐ Reinstatement ☐

867 Usage Reports ☐

997 Functional Acknowledgement ☐

### Enveloping Information

## Retail Choice Partner Registration

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### Test

Qualifier: \_\_\_\_\_ Sender ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### Production

Qualifier: \_\_\_\_\_ Sender ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### GISB Information

#### Test

URL: Port/CGI and IP Address (Primary) \_\_\_\_\_

URL: Port/CGI and IP Address (Secondary) \_\_\_\_\_

PGP User ID: \_\_\_\_\_ GISB Common Code: \_\_\_\_\_

HTTP Login ID: N/A \_\_\_\_\_ Password: \_\_\_\_\_

GISB Key Administrator E-Mail Address: \_\_\_\_\_

GISB Failure Notification E-Mail Address: \_\_\_\_\_

VAN Failover: N/A \_\_\_\_\_ Automated/Manual \_\_\_\_\_

Effective Date: \_\_\_\_\_

#### Production

URL: Port/CGI and IP Address (Primary) \_\_\_\_\_

## Retail Choice Partner Registration

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URL: Port/CGI and IP Address (Secondary) \_\_\_\_\_

PGP User ID: \_\_\_\_\_ GISB Common Code: \_\_\_\_\_

HTTP Login ID: N/A \_\_\_\_\_ Password: \_\_\_\_\_

GISB Key Administrator E-Mail Address: \_\_\_\_\_

GISB Failure Notification E-Mail Address: \_\_\_\_\_

VAN Failover: N/A \_\_\_\_\_ Automated/Manual \_\_\_\_\_

Effective Date: \_\_\_\_\_

Please return the completed form to:

[Transportation@sjindustries.com](mailto:Transportation@sjindustries.com)