TMS (OTM) Onboarding Questionnaire

Please complete the following questionnaire and email to LGTserv@aafes.com

If you have more than one vendor code, please provide all being used. If vendor codes are shipping from multiple locations, please provide address information and POC information for each.

Vendor Code (8 digits):

Vendor Name:

Address is **Ship From** address or Ship Point!

Address:

City:

State:

Postal Code:

DUNS Number:

Shipment Coordinator (POC) (Individual that will be responsible for releasing orders):

                      Name:

                      Phone Number:

                      Email:

Are you currently using the Exchange OTM through partners.aafes.com?

Will your company be using EDI to release orders and receive shipment instructions?

When will your company be ready to start EDI testing?

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EDI point of contact information:

      Name:

      Phone Number:

      Email:

Hours of Service / Calendar:

As a service provider **Supplier** for the Exchange (AAFES) this is your opportunity to define your calendar attributes. The system has been implemented and these attributes will assist the system when making load-planning actions.

Please specify your attributes (days of week and hours) for each of the following and be specific and provide as much detail as possible. (e.g., if your dock is closed for lunch, please specify)

Operating Hours is used to indicate the hours your facility is open for pick-up of shipments, etc.

Holidays is used to indicate days/dates that you might be closed for holidays, weekends, etc.

      Operating Hours:

      Holidays: