

ARCOS EDI REQUEST FORM



DATE: _____

COMPANY NAME: _____

DEA REGISTRATION NUMBER: _____ CENTRAL REPORTING? YES NO

IF CENTRAL REPORTING, LIST SUBSIDIARIES:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT NAME/PHONE: _____

ARCOS EDI CONTACT NAME/PHONE: _____

ARCOS EDI CONTACT EMAIL ADDRESS: _____

FREQUENCY OF TRANSMISSION: QUARTERLY MONTHLY

Signature

Date

Printed Name

NOTICE TO USERS

In order to adequately protect the information provided to DEA in ARCOS EDI transaction reports, participants must take responsibility for safeguarding assigned user names and passwords. Additionally, participants are asked to immediately notify the DEA of changes in personnel and account information to insure the integrity of the ARCOS EDI system.

Additional Information/Comments:

ARCOS HELP DESK TELEPHONE NUMBER: 1-800-882-9539

FAX NUMBER: 202-307-8612