

ARCOS EDI REQUEST FORM



DATE:

COMPANY NAME:

COMPANY DEA REGISTRATION NUMBER(S) TO BE INCLUDED IN THE ARCOS EDI PROGRAM:

CONTACT NAME/PHONE:

ARCOS EDI CONTACT NAME/ PHONE:

ARCOS EDI CONTACT EMAIL ADDRESS:

CONTACT FAX:

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 (202) 307-8600

FAX Number (202) 307-8612