



**RITE AID**  
**EDI/B2B TRADING PARTNER PROFILE**

COMPANY INFORMATION

Rite Aid Assigned 5 Digit Vender #: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Corporate Website: \_\_\_\_\_

EDI / B2B Contact

Name: Mr Babelway  
Title: Success Manager Email: mister.babelway@babelway.com  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Contact

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Method for Exchanging Transactions

EDI  Web-Based  Third Party Solution Provider

Web-Based Provider \_\_\_\_\_ Third Party Provider BABELWAY

If EDI - INFORMATION REQUIRED FOR TESTING

ISA Qualifier: 01  
ISA Sender/Receiver ID: XXXXXXXXXX  
GS Sender/Receiver ID: XXXXXXXXXX  
Value Added Network(s): EcGrid  
Inbound Transmission Times: 24/7  
Outbound Transmission Times: 24/7  
Versions Supported: ANY

**[ ] TO BEGIN EDI TESTING PLEASE CONTACT**

Name: Mister Babelway Phone: \_\_\_\_\_  
Email: mister.babelway@babelway.com

**Note: To begin testing or exchanging transactions electronically complete and return this profile.**

**FAX (717) 975-8623 OR EMAIL TO [EDI@RITEAID.COM](mailto:EDI@RITEAID.COM)**