

## *Electronic Data Interchange (EDI) Service Agreement*

I request that Data Tranz LLC provide EDI services for my business. I agree to the following service fees and conditions regarding the transmission of my invoices to Lynx Services of PGW, Safelite Network and Harmon Solutions ("Networks"):

A. I authorize Data Tranz LLC to submit invoices to The Networks on my behalf. For each invoice I submit, I will be responsible for the current service fees, as published by Data Tranz LLC on their web site, [www.datatranz.com](http://www.datatranz.com) or through private arrangement.

B. Data Tranz LLC is not associated with the Networks. Data Tranz LLC acts only as a pass-through for my invoice information, and does not receive any payments or remuneration from the Networks. Invoice payment will be made by the Networks is subject to their rules and regulations. I will hold Data Tranz LLC harmless in any dispute I have with the Networks.

C. I agree that Data Tranz LLC is not responsible for payment of my invoices, not for invoices which may be rejected by the Networks, nor any loss of revenue or business, nor any other actual or implied arising from my use of this service. I agree that any liability of Data Tranz LLC will be limited to their published per invoice service fee.

D. I understand that Data Tranz LLC EDI service may require the participation of other Entities, and that changes in terms by these entities will immediately affect this agreement.

E. Data Tranz retains the right to change this agreement at any time. With the exception of Situations arising in Paragraph D. Notice of changes will be made in writing 30 days prior to the effective date.

F. This agreement shall be construed according to the laws of the State of North Dakota, USA.

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**Instructions:** Please fill out the following form. Safelite and Harmon information are only necessary if you plan on sending us those invoices. All information provided remains within Data Tranz. Businesses without a valid credit card on file will be on an initial credit limit of \$25.00. We look forward to working with you. You can start faxing invoices with this form immediately.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Above \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

(Optional) Email Address \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ (as on file with Lynx Services)

(Optional) Safelite Parent ID# \_\_\_\_\_ (optional) Harmon ID # \_\_\_\_\_

(Enter here or phone us) Credit Card Type \_\_\_\_\_ # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

**Thank You and we appreciate your business. We can be reached at 1-800-241-1493.**

**Fax this page to: 1-800-316-5829.**