



Authorized Extranet Customer Schedule

(List of Authorized Extranet Customers)

Name	Contact(s) ¹	Type of Service ²
1.		
2.		
3.		
4.		
5.		

¹ Please provide the contact information for Technical, Billing, and Compliance, if different.

² Please list the type of service being provided to each Customer (i.e., FIX, SAIL, HSVF, ATR, Reports, etc.)