

***"We look forward to a long and mutually prosperous relationship."***

Allan Dawes, President

## 1. ACCOUNT SETUP / PAYMENT

- Submit a [Credit Application](#) or a
- Credit Card Authorization: [One-Time Use](#) or [Multiple Use](#) and the attached Company Information Form
- Complete the attached Liability Agreement
- Complete a [DNC Processing Agreement](#) if requesting DNC services

## 2. SUBMIT A FILE FOR PROCESSING

- Request a login and password from Customer Service at 1-800-665-8400
- Go to our [>Secure Login](#) to complete a Work Order and upload your file
- For FTP instructions and setup contact Customer Service at: 1.800.665.8400

## 3. DATA FORMAT REQUIREMENTS

- For complicated fixed width layouts, a record layout should be included
- Data format should be ASCII text: fixed or delimited
- Large files should be zipped whenever possible
- For special requests, please specify in the notes section of the Work Order.
- Please specify whether the file contains Business or Consumer records.
- Some fees may apply if special processing is required.

## 4. FILE TURNAROUND TIME

- Files are returned as indicated on the Work Order.
- Files are returned using WinZip compression.
- Turnaround time is promised within 24 hours however average times are 2-4 hours per process depending on file size and complexity



# Credit Application

Fax to Accounting at: 360-988-0940 Phone: 800-665-8400

### Business Information

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

Street Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Approximate amount monthly credit requested: \$ \_\_\_\_\_

Will you be using a PO System?  Yes  No

### Accounting Department Information

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How would you like to receive your invoice?  Mail  Email

### Banking Information

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Trade References

**1** Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2** Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3** Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For the intent of obtaining credit on an open credit account with Pacific East Research Corporation, I (we) hereby attest that the information presented herewith is accurate, and authorize the release of information to the credit department of Pacific East Research Corporation. I (we) understand that Pacific East Research Corporation's terms of payment are Full Payment due 30 days from invoice date, and that Pacific East Research Corporation may suspend terms in the event of past-due accounts. The undersigned also understands and agrees to Pacific East Research Corp. reserving the right to charge a service charge of 2% per month on all outstanding accounts. The undersigned also acknowledges that Pacific East Research Corp will perform services at the highest possible level. We make no warranties as to the success rate of processing since this is largely determined by the quality of the input data file, thus the undersigned agrees to pay for services rendered in accordance with the quality of the information provided to Pacific East Research Corp. Submission of this application to Pacific East Research Corporation by email, constitutes authorization for Pacific East Research Corporation to process the application, in which case, in the absence of an authorized signature, the information on this document shall be construed as true, the accompaniment of a printed email message to be taken as authorization of signature.

### Signature of Authorizing Officer: X

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Signing: \_\_\_\_\_



# Credit Card Authorization

ONE-TIME USE

With my signature below, I hereby authorize Pacific East Research Corporation (PERC) to charge my credit card for services ordered myself or by others, either in writing, by telephone, fax or email.

I understand my credit card will be charged for this **one-time** request only. The project will be based upon the agreed price put forth by an account executive of PERC.

I authorize the persons named below, if any, to order jobs to be processed on my behalf, and hereby authorize PERC to charge my credit card for the jobs the named persons may order either in writing or by telephone.

If you have any questions, please call 800-665-8400. Please fax completed signed document to: 360-988-0940

Note: Please click below and read the second page intro, as it may be necessary to also send a second form. [COMPANY INFORMATION – Brief Form](#)

ALL INFORMATION MUST BE COMPLETED

Card Type:  Visa  MasterCard  Amex

Credit Card #: Expiry Date:

Name of Person on card:

Name of Company sending project: Tel:

Name of Company owning Credit Card:

Address:

City: State: Zip:

X Signature – as shown on credit card

AUTHORIZED NAMES: The following persons have authority to use this credit card.

- 1.
2.
3.



This Brief Form for your Company Information will also be required. Please read below. If you have any questions, please call 800-665-8400. Please fax this completed document to 360-988-0940.

This information is required for setting up a Business Account with Pacific East Research Corporation if you intend to provide payment to Pacific East Research Corporation using your Credit Card. It assures we have the proper information for forwarding billing invoices, as well as other business correspondence.

It is not necessary to submit this form if:

1. If you already have a Business Account with PacificEast
2. If you are submitting a full [Credit Application](#)

ALL INFORMATION MUST BE COMPLETED

**Company Name:**

**CFO/Controller/Accounting Dept. Head:**

**Billing Contact** (if different from above):

**Address or PO Box:**

**City:**

**State:**

**Zip:**

**Accounting Phone:**

**Fax:**

**Accounting Email:**

OTHER INFORMATION: To ensure smooth logistics of paperwork and other accounting and correspondence activities between our companies, the space below is to include any other information you consider important.

**1.**

WHEREAS, PacificEast has made available various consumer and business data; and  
WHEREAS, certain restrictions have been legislated regarding the use of such data; and  
WHEREAS, Client desires to utilize such data for their own or their customers' purposes;

the parties hereby agree as follows:

**Unless requested to do so on a case by case basis**, PacificEast neither flags nor removes any records for individuals who may be identified on Do Not Call lists pursuant to Federal or State Do Not Call laws or regulations or distributed by private companies or organizations. Client acknowledges that the suppression or identification of Do Not Call records from PacificEast data is **not the responsibility of PacificEast** and that Client will use other means to comply with the various Federal, State and local Do Not Call regulations if and when applicable.

PacificEast acknowledges that certain data lists contain or may contain mobile phone numbers. **No action has been taken** by PacificEast to remove such records from PacificEast data lists. Client acknowledges that it is **their responsibility** to use mobile phone data in compliance with all applicable Federal, State and local laws and regulations.

Client agrees that it shall comply with all applicable privacy and data protection laws, rules and regulations related to its use of PacificEast data, including information provided to and from PacificEast.

Client hereby agrees to fully protect, defend, indemnify and hold harmless PacificEast from all claims, rights, remedies, demands, losses, liabilities, damages, expenses, attorney fees, costs, actions, causes of actions or suits by any third party relating to or arising in any way from Client's breach of this agreement or misuse of data, or the misuse of data by Client's customers, employees, agents and assigns.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

Acknowledged and agreed:

\_\_\_\_\_  
By

\_\_\_\_\_  
Client

\_\_\_\_\_  
By

\_\_\_\_\_  
PacificEast