

Getting You Started

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 or scan and email to accounting@pacificeast.com 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: _____



World Headquarters
101A 30701 Simpson Rd
Abbotsford, BC V2T 6C7

p 800.665.8400

f 360.988.0940

US Division
4900 SW Griffith Dr, Ste 251
Beaverton, OR 97005

w pacificeast.com

Credit Card Authorization

MULTIPLE 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 this Credit Card will be charged for each job that PERC is requested to perform. Pricing will be at the agreed upon price negotiated with myself or the persons below named and an account executive or PERC for that particular project.

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 or 360-988-0421.

Please fax completed signed document to: 360.988.0940 or scan and email to your account manager

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. _____

Company Information

BRIEF FORM

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 or scan and email to your account manager.

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 Pacific East
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.



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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 or 360-988-0421. Please fax completed signed document to: 360.988.0940 or scan and email to your account manager

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