



## Credit Card Authorization

### MULTIPLE USE

With my signature below, I hereby authorize PacificEast Research Incorporated 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 PacificEast Research Inc. 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 PacificEast Research Inc. for that particular project.

I authorize the persons named below, if any, to order jobs to be processed on my behalf, and hereby authorize PacificEast Research Inc. 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 or email to [accounting@pacificeast.com](mailto:accounting@pacificeast.com).

#### 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 email to [accounting@pacificeast.com](mailto:accounting@pacificeast.com).

This information is required for setting up a Business Account with PacificEast Research Inc. if you intend to provide payment to PacificEast Research Inc. 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.