

Getting You Started

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. Please select the appropriate agreement for your business: [Non-Profit](#) [Sellers](#) [Telemarketers](#)

SUBMIT A FILE FOR PROCESSING

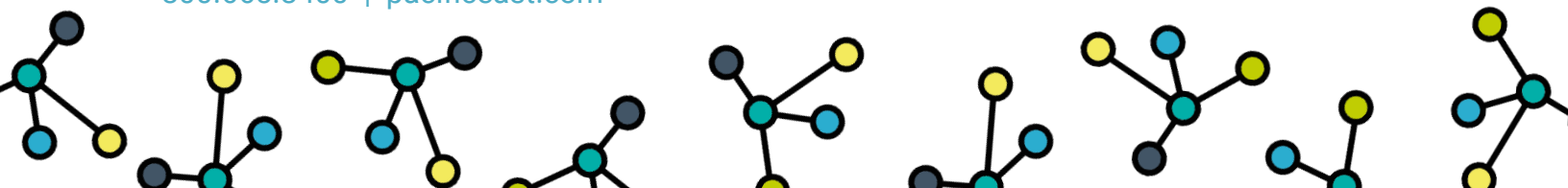
- Request a login and password from Customer Service at 1-800-665-8400
- Go to our [>Secure Login](#) to complete a Work Order and upload your file
- For FTP instructions and setup contact Customer Service at: 1.800.665.8400

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.

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





PacificEast

Credit Application

Email to: accounting@pacificeast.com or Fax to: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
ACCOUNTING DEPARTMENT INFORMATION					
Contact Name:			Email:		
Address:					
City:		State:	Zip:	Phone:	Fax:
How would you like to receive your invoice? <input type="checkbox"/> Mail <input type="checkbox"/> 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 PacificEast Research Incorporated, I (we) hereby attest that the information presented here with is accurate, and authorize the release of information to the credit department of PacificEast Research Incorporated. I (we) understand that PacificEast Research Incorporated's terms of payment are **Full Payment due 30 days from invoice date**, and that PacificEast Research Incorporated may suspend terms in the event of past-due accounts. The undersigned also understands and agrees to PacificEast Research Incorporated. reserving the right to charge a service charge of 2% per month on all outstanding accounts. The undersigned also acknowledges that PacificEast Research Incorporated 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 PacificEast Research Incorporated. Submission of this application to PacificEast Research Incorporated by email, constitutes authorization for PacificEast Research Incorporated 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:	
Print Name:	Title:
Date of Signing:	



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.

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.

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.



Credit Card Authorization

ONE-TIME 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 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 PacificEast Research Inc.

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.

ALL INFORMATION MUST BE COMPLETED

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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: _____

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