



# EDI Testing Contract

TO FILL OUT THE FORM, CLICK THE LINE OR CHECK BOX AND ENTER THE CORRECT INFORMATION ELECTRONICALLY  
*(red items are required)*

## Company Information

Company Name \_\_\_\_\_

Trading Partner \_\_\_\_\_

Vendor # \_\_\_\_\_

Requested Testing Start Date \_\_\_\_\_

- You will be notified via email with additional information and instructions regarding the testing process

### Testing Fee

\$500.00 (Production Data)

*NOTE: Testing will not begin without completed paperwork and payment information.*

## Testing Information

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

VAN \_\_\_\_\_

EDI Software Provider \_\_\_\_\_

Test Qualifier \_\_\_\_\_

Test Sender/Receiver ID \_\_\_\_\_

Prod Qualifier \_\_\_\_\_

Prod Sender/Receiver ID \_\_\_\_\_

## Extension Guidelines & Pricing

Extension Fee: \$500.00

Barcode Label Extension Fee: \$75.00

- You will be notified via email one week prior to the end of your testing period as a reminder of your testing compliance date.
- If you are unable to successfully complete testing by your compliance date, you will be required to purchase an extension to continue testing (an extension provides an additional 15 business days to complete testing).
- After an extension is purchased, you will be notified of your new testing compliance date.
- If testing problems persist, you may utilize another SPS Commerce service alternative at any time (e.g. WebForms).

## Billing Information

- EDI setup will not commence until payment information is provided.
- Please note that vendors in **Connecticut, Illinois, Ohio, Texas and District of Columbia** are responsible for sales tax in that state.

Billing Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Billing Email \_\_\_\_\_

## Payment Method

VISA       Mastercard       American Express

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

**ACH - U.S. Funds Only**

ABA# \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Name \_\_\_\_\_

**ACH - Canadian**

Bank Name \_\_\_\_\_

International R/T# \_\_\_\_\_  
*(Routing and transit number)*

Account Name \_\_\_\_\_

Bank Account # \_\_\_\_\_

Account Type:     Checking     Savings

Currency:         USD         CAD

**Check (U.S. funds only)** - Required: either a copy of the payment check OR the check information.

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Check Name \_\_\_\_\_

## Authorization

Name & Title \_\_\_\_\_

Signature \_\_\_\_\_ *(Authorized signer)*

Company Name \_\_\_\_\_

Date \_\_\_\_\_

*By signing this document I agree to the terms and conditions stated herein and am authorized to enter into this contract on behalf of my company and agree to pay for selected services necessary to become compliant with my Trading Partner's electronic trading requirements.*