



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 # _____

Testing Start Date _____

- You will have 15 business days from your specified Testing Start Date to successfully complete testing.
- Receipt of this paperwork indicates that you are ready to begin EDI testing, either immediately, or on your specified Start Date.
- You will be notified via email with information and instructions regarding testing.

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: \$300.00

Barcode Label Extension Fee: \$75.00

- If you are unable to successfully complete testing by the end of your testing period, you will be contacted regarding an extension.
- After an extension is purchased, you will be notified of your new testing period.
- 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.