



The EDI Outsourcing Experts

EDI TESTING OPTIONS & PRICING

COMPANY NAME: _____

ELECTRONIC TRADING PARTNER: _____

VENDOR #: _____

MANUFACTURERS ID or the first 6 digits of the UPC code
(whichever is applicable to your company): _____

No Manufacturer's ID

START TESTING DATE: _____

- You will have 15 working days from your specified Start Testing 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.

EDI TESTING SETUP FEE:

\$300.00 (Generic Data)

\$500.00 (Production Data)

INSTRUCTIONS:

- Please complete the information requested under the "Mandatory EDI Testing Information" heading.
- Please read and follow the instructions found under the "General Testing Information" heading.
- Please fax your completed paperwork to SPS Commerce at: 866-805-5113.

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

MANDATORY EDI TESTING INFORMATION

CONTACT NAME : _____

PHONE : _____ FAX : _____

EMAIL ADDRESS : _____

VAN: _____

TESTING: Qualifier: _____ Sender/Receiver ID: _____

PROD: Qualifier: _____ Sender/Receiver ID: _____

GENERAL TESTING INFORMATION:

- Please read the Trading Partner specifications for all transactions that will be tested.
- Please read the Trading Partner/SPS Commerce EDI Testing Guidelines, as additional testing fees may apply.
- SPS Commerce VAN and Qualifier & Sender/Receiver ID's are available on the SPS Commerce portal: www.spscommerce.net 1. Log in. 2. Click on the link for your Trading Partner.

EDI TESTING EXTENSION GUIDELINES & PRICING

EXTENSION FEES: \$300.00

BARCODE LABEL EXTENSION FEES: \$75.00

- If you are unable to successfully complete EDI or File Integration Testing by the end of your compliance date you will be contacted regarding an extension.
- At that time we will determine a start date for when the extension will begin.
- If testing problems persist, you may utilize another service alternative at any time.

EDI TESTING PAYMENT

EDI SETUP WILL NOT COMMENCE UNTIL A PAYMENT METHOD IS SELECTED

PLEASE NOTE THAT VENDORS IN: CONNECTICUT, ILLINOIS, OHIO, TEXAS & DISTRICT OF COLUMBIA ARE RESPONSIBLE FOR SALES TAX IN THAT STATE

Billing Contact: _____

Billing Address: _____

Phone: _____

Billing email: _____

CREDIT CARD: 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

PAYMENT BY CHECK (U.S. FUNDS ONLY)—A copy of your check MUST accompany this paperwork

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.

CUSTOMER:

NAME & TITLE: _____

SIGNATURE: _____
(Authorized signer)

COMPANY NAME: _____

DATE: _____

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