

# Restaurant List Order Form

510 Plum Street SE, Ste. 200, Olympia, WA 98501  
800.225.7166 | 360.956.7279 | 360.357.9232 fax  
www.warestaurant.org



Contact Sheryl Jackson, director of information services, at sherylj@warestaurant.org for more information. Every list is unique and we work with you to ensure you receive one that best meets your business needs.

## WRA MEMBERS

WRA members can order a list of restaurants with the first 750+ records complimentary. The list is in Excel format containing business name, contact name (when available), mailing address and phone number.



### Step 1

- Complimentary records, from 750+
- Additional records\*



### Step 2

- Statewide, 10¢\*
- County, 10¢\* \_\_\_\_\_
- City, 13¢\* \_\_\_\_\_
- Zip Code, 15¢\*\* \_\_\_\_\_

\*Per each record above and beyond comped records

\*\*Comped zip codes are available up to 5 zip codes. Fee will apply for additional zip codes.

Receive  
750 or more  
records for  
free!



### Step 3 — What kind of restaurants are you looking for?

- Standard, all records in the area selected above
- Specific, use options below to narrow the list down at 3¢ per record, regardless of how many options selected.



#### 1. Service concept:

- Full service
- Quick and limited service

#### 2. Sales volume

- <500,000
- 500,000 to \$1 million
- \$1 to \$2.5 million
- Over \$2.5 million

#### 3. Menu:

- Ethnic, Asian
- American
- Deli, sandwiches & subs
- Coffee & desserts
- Pizza & ethnic, Italian
- Pubs, bars & taverns
- Other concepts available, please contact WRA for options

- Special sorting or requests are available. Cost will be determined at that time.

## NON-MEMBERS

### Not a WRA member?

Non-members can purchase a list pre-printed on labels at the state or county level only, with no other filters. Cost is 10¢ above member pricing per record. Electronic format is not available.



## ALL REQUESTS

### Contact information:

Name: \_\_\_\_\_  
Business/restaurant name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address:\* \_\_\_\_\_

*\*required, list is emailed*



*If applicable, I agree to allow the WRA to charge the credit card listed on this order form for the cost of the list. I understand that a receipt of the final costs and a copy of the credit charge will be sent to my address of record. I understand the information received is owned by the WRA, and licensed to me. I agree that I will use this information for internal business purposes only and will not share it with others, including other WRA members. I understand and agree that the WRA believes the information on the list is accurate but does not guarantee it nor does the WRA guarantee a particular outcome of any of my marketing activities.*

*If receiving complimentary records, I understand they are available annually based on the date of the last list provided.*

*I understand that the WRA will refund the cost per piece (at the same rate purchased) for each piece returned to me as non-deliverable. To obtain the credit, I will return to the WRA all the returned mail pieces at my cost. The WRA will then process a credit using the same method of payment I used to purchase the list, but will not reimburse for postage costs.*

*I agree that any use, commercial or otherwise, which I may make of the list received from the WRA is at my own risk. It is my obligation to comply with all applicable federal and state laws relating to the commercial, or noncommercial solicitation of any person or entity identified in such list, including but not limited to the "no fax" "no texting" and "do not call" provisions of the federal Telephone Consumer Protection Act and Junk Fax Protection Act (47 U.S.C. § 227), the Washington Unsolicited Telefacsimile Act RCW 80.36.540), the Washington Consumer Protection Act (RCW 19.86.020), and applicable regulations (including 47 C.F.R. § 64.1200). The WRA makes no representation or warranty, express or implied, concerning the lawfulness of the use of said list for any purpose. I agree to hold harmless, defend and indemnify the WRA from any claims or damages relating my use of said list.*

Initials \_\_\_\_\_ (required)



### Payment options: (Pre-payment required)

Bank check payments need to be pre-arranged, as the price of the list will depend upon the number of records at the time of purchase.

I hereby authorize the WRA to charge my account:

Visa       M/C       AMEX       Discover

\* CVV# \_ \_ \_    \*CVC # \_ \_ \_    \*CID # \_ \_ \_ \_    \*CID # \_ \_ \_ \_

(\*CVV and CVC #'s are the 3 digit codes on the back of your card, CID #'s are the 4 digit codes on the front of your card)

Account no. \_\_\_\_\_

Exp. date \_\_\_\_\_

Billing address \_\_\_\_\_

Billing city \_\_\_\_\_ Billing state \_\_\_\_\_ Billing zip code \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_



### Return the form

**Fax to 360.357.9232 or email to [sherylj@warestaurant.org](mailto:sherylj@warestaurant.org).**

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