



New Account Set-Up/Credit Application

*Date: _____

*Legal Name of Company: _____

*Bill To Address: _____

*Ship to Address: _____

(if different from above)

*Federal Tax I.D (EIN) #: _____

*Purchasing Contact Name: _____

*Telephone/Fax/Email: Tel _____ Fax/Email _____

- *Customer Group:
- Jan-San Distributor
 - BSC/End User
 - Vacs Only
 - Non-Stocking
 - Service Centre (Parts & Accessories Only)

Special Shipping Notes: _____

(e.g., tailgate required etc.)

Please note any specialty shipping/handling are not included in freight policy & will be added to invoice

Territory #: _____

(To be filled in by NaceCare)

- *Receive Invoices via:
- Fax
 - E-Mail

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***A/P Contact Name:** _____

***Telephone/Fax/Email:** Tel _____ Fax/
Email _____

***Terms of Payment:**
(if different from our standard Net 30 has been agreed upon) _____

***Credit Limit Requested:** _____

***Dun & Bradstreet #:** _____

Company Contacts:

	Name	E-Mail
*President/Owner Sales	_____	_____
*Manager Purchasing	_____	_____
Service	_____	_____
*A/P	_____	_____
Service Department	_____	_____

- Yes
- No
- If no, have arrangements been made with a service centre?
- If yes, do you consent to be listed on our website as a repair location?

Special Instructions _____

- *Is this a corporation?**
- Yes _____ No _____
 - Date Incorporated: _____
 - # of Years in Business: _____

Trade References (Do not use "1-800" phone or fax numbers. (Two references required unless using credit card))

*Name _____

*Name _____

*Address _____

*Address _____

*City _____ *State/Prov _____

*City _____ *State/Prov _____

*Telephone _____

*Telephone _____

*Fax _____

*Fax _____

Disclosure Statement

I do hereby authorize all trade references to release the necessary information to secure credit.

*Print Name: _____

*Signature _____

*Print Title _____

Authorization to Charge Credit Card:

Name (exactly as it appears on Credit Card): _____

Credit Card Type:

Visa

Mastercard

American Express

Card Number _____

Expiration Date: _____

I do hereby authorize NaceCare Solutions to charge the above credit card for invoices upon shipping ____ (no terms required) or upon due date (terms/credit approval required) ____ :

Print Name: _____

Or: I will call NaceCare with my credit card information _____

*Signature _____

*Print Title _____

***Required Field**

Credit cards: NaceCare accepts VISA, MasterCard and American Express. For those wishing to use credit cards, all invoices must be paid within 15 days. After 15 days a 2% surcharge will be applied.

Once complete, please fax back to 1-800-709-2896