



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
- National Account
- 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 _____

*Fax _____

*Fax _____

*Email _____

*Email _____

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 or



MAP COMPLIANCY AGREEMENT

As a global leader in commercial floor cleaning equipment, NaceCare Solutions, is focused on maintaining high margins for our Distributor, Dealer and Retail networks. In recognition of the investment in time and resources required for our high-quality partners to provide the level of customer service and product knowledge expected from our customers, NaceCare is committed to enforcing policies which allow our resellers to maintain high profit margins through the sale of our products. NaceCare has an established Minimum Advertised Price (MAP) Policy that an Authorized Reseller must follow for the advertising and marketing of all NaceCare products. All NaceCare Authorized Resellers must agree to the terms and conditions of the following MAP Policy.

NaceCare Solutions' MAP Policy Guidelines for NaceCare Products

MAP pricing for all NaceCare products is the current List Price which can be found on your current price list. All advertised prices must be at or above MAP for all our products. Distributors, Dealers and Retailers are not required to list prices in advertising. If a price is listed in an advertisement it must be at or above MAP. Other statements such as "call for price" or "call for quote" are acceptable and permitted.

Resellers are also responsible for ensuring their NaceCare Mount pricing is at or above MAP on internet search engines. Resellers are free to set the actual price of any product as long as the MAP pricing is the most recent publication of the price list. NaceCare's MAP policy for all products apply to advertising placements, including but not limited to: print ads (inserts, magazines, newspapers, catalogs, mail order catalogs, etc.), broadcast (radio and TV), direct mail, faxes, internet placement with third parties (banner ads, broadcast emails, destination pages, third-party sites), internet placements on resellers own website, and any flyers, posters or coupons.

From time to time, NaceCare may itself or may permit resellers to advertise MAP Products at prices lower than the MAP price. In such events, NaceCare reserves the right to modify or suspend the MAP price with respect to the affected products for a specified period.

Pricing Statements

NaceCare's MAP Policy does allow resellers to omit pricing entirely from advertisements and/or advertisement statements such as "Call for Price" or "Call for Quote."

Third Party Marketplaces

RESELLER SHALL NOT PROMOTE, MARKET, ADVERTISE, OFFER TO SELL OR SELL ANY PRODUCT ON OR THROUGH ANY ONLINE MARKETPLACE OR AUCTION SERVICE (E.G., EBAY, AMAZON, OR LIKE WEBSITES), EXCEPT AS MAY BE EXPRESSLY CONSENTED TO BY NACECARE AND IT BEING UNDERSTOOD THAT NACECARE MAY WITHDRAW ITS CONSENT AT ANY TIME.

Free Offers Associated with NaceCare Product

Free shipping and/or handling, 0% sales tax, or free financing promotions do not violate the MAP.

All NaceCare Products Price Matching Policies

Price matching policies are acceptable. Price matching cannot be used as a valid reason for violations of NaceCare's MAP Policy. Advertised price must always be at MAP or higher.

Failure to Comply with the MAP Policy

At the sole discretion of NaceCare, failure to comply with MAP, intentional and/or repeated failure to abide, may result in the immediate loss of Authorized Reseller status and your ability to purchase all NaceCare products both directly as well as through distribution.

NaceCare will utilize the following steps to resolve MAP violations:

1. All dealers selling NaceCare products which have not signed our MAP Policy agreement are classified as Unauthorized Resellers.
2. Distributors of NaceCare are required to provide a signed MAP agreement from any dealer selling NaceCare products. Unauthorized dealers should not be sold to or provided a feed from any distributor whatsoever.
3. Violations from Authorized Resellers will need to be corrected within 24 hours of notification.
 1. First Violation: Authorized Reseller's account will be put on hold temporarily and a written warning will be provided. MAP violations must be corrected within 24 hours. Upon correction and following 30 days of compliance, violation will then be cleared.
 2. Second Violation: MAP violation must be corrected within 24 hours and Authorized Reseller's account will be put on hold for 30 days.
 3. Third Violation: Authorized Reseller's account will be put on hold for 180 days. After this duration, NaceCare will review and determine if account is to be reinstated.
 4. Fourth Violation: Should NaceCare decide to reinstate an Authorized Reseller who has previously demonstrated a third violation, yet violates a fourth time, the account will be suspended indefinitely.

***NaceCare will issue a new price list annually. Pricing must be updated immediately upon receipt. ***

MAP Policy Confirmation Agreement

This NaceCare MAP Policy and Confirmation Agreement is made on this date of _____, by and between, NaceCare Solutions and _____.

NaceCare places great value on the efforts of all distributor, dealer and retail partners to represent our products and support their customers. Our MAP policy is intended to encourage competition for the sale of our products in a manner that is consistent with the long-term interests of our customers. We are confident that you share our commitment to customer satisfaction and as such, we ask that you acknowledge by signing this MAP confirmation agreement.

Thank you for your prompt attention to this matter, and your continued support for NaceCare products.

Read and Understood:

Authorized Distributor, Dealer or Retailer:(Company Name)

Name _____

City _____ State/Prov _____

Zip/Postal Code _____

Web URL _____

Authorized Reseller Representative

Name: _____ Signature: _____

Title _____ Date _____

Email _____ Phone _____