



## 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

If yes, do you consent to be listed on our website as a repair location?

No

If no, have arrangements been made with a service centre?

**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 \_\_\_\_\_

*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 SUBMIT**