



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

New Account/Credit Application Page 2

***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 _____
*Address _____
*City _____ *State/Prov _____
*Fax _____
*Email _____

*Name _____
*Address _____
*City _____ *State/Prov _____
*Fax _____
*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