



Customer Account Information Form CS82

A message to our customers: Thank you for your interest in our products. Please take the time to complete this form so that we may create your customer account. ADC uses sophisticated data management software, and all of the information requested is necessary to complete your account in our system. All of the information you provide will be confidential, and will allow us to better serve you. Sections or fields marked with “✦” are the minimum required fields necessary, however, all fields should be completed to ensure accurate order processing.

General Company Information

✦ Company Name:	
Tax ID Number:	
Company Website:	
Years in Business:	
Region(s) Served:	
Referred By:	

Indicate The Type Of Organization Below:

Corporation

 Partnership

 Sole Proprietorship

Primary Market Served: (Check One)

<input type="checkbox"/> Physician Supply (100)	<input type="checkbox"/> Hospital Supply (110)	<input type="checkbox"/> Nursing Home Supply (120)	<input type="checkbox"/> Book Store (130)
<input type="checkbox"/> EMS Supply (140)	<input type="checkbox"/> Lab/Safety Supply (150)	<input type="checkbox"/> Veterinary Supply (160)	<input type="checkbox"/> Dental Supply (170)
<input type="checkbox"/> Multiple Market (180)	<input type="checkbox"/> OEM (190)	<input type="checkbox"/> Uniform (200)	<input type="checkbox"/> Export (210)
<input type="checkbox"/> Home Care (220)	<input type="checkbox"/> Catalog (250)	<input type="checkbox"/> Wholesale (260)	<input type="checkbox"/> Promotional (270)
<input type="checkbox"/> Other: (indicate)			

If you have multiple billing or shipping addresses, please indicate your primary headquarter address below. Attach additional billing and/or shipping addresses on separate pages as necessary.

Billing Address Information

Address:			
City:		State:	
Zip Code:		Country:	

Shipping Address Information

Address:			
City:		State:	
Zip Code:		Country:	



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✦ **Contact Information**

Please include the name and contact information for the Owner/President, Purchasing Department, Accounts Payable/Accounting Department, and the Sales Department of your company. If you have multiple shipping or billing addresses, please include contact information for each of these addresses as necessary.

1	Contact Name:			
	Department:		Title:	
	Phone:		Fax:	Email:
2	Contact Name:			
	Department:		Title:	
	Phone:		Fax:	Email:
3	Contact Name:			
	Department:		Title:	
	Phone:		Fax:	Email:
4	Contact Name:			
	Department:		Title:	
	Phone:		Fax:	Email:
5	Contact Name:			
	Department:		Title:	
	Phone:		Fax:	Email:

The following documents can be provided by fax, email, or mail. Please choose ONE option for each document. More than one contact may receive a copy of the same document, but it can only be in ONE format. List the contact(s) that requires each document using the reference number to the left of the contact name above for convenience. Note: if you have listed additional contacts on a separate page that may require these documents, please indicate the documents that these contacts would require, and the format they would prefer under their contact information. These documents can be distributed per shipping address if required.

Document Type:	Fax	Email	Standard Mail	Contact(s)
Invoice				
Statements				
Shipping Notification				
Order Acknowledgement				

✦ **Additional Shipping Information**

Preferred Shipping Method:	<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx	<input type="checkbox"/> Other:
Collect or Third Party Account Number: (If applicable) Note: if this is a third party account, please attach the full name and address of the account holder.			
Is your shipping address a RESIDENTIAL address?	<input type="checkbox"/> Yes		<input type="checkbox"/> No



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Can your facility accommodate palletized shipments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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References Section

ADC requires a resale certificate when creating customer accounts. Indicate in the space provided if a resale certificate is available.	<input type="checkbox"/> Yes, a resale certificate has been attached.
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Bank Reference	
Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____

Trade References	
1: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
2: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
3: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
4: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____

This section MUST be completed by non-US customers; it is optional for US customers

Foreign Trade References	
1: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
2: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
3: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____
4: Name: _____	Account Number: _____
Address: _____	
Phone Number: _____	Fax Number: _____



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This section must be completed by foreign customers or US customers wishing to pay by *Credit Card*

Credit Card Information

Important Note: Only complete this section if you plan to pay using a CREDIT CARD. If you are applying for a credit line, please complete the credit application section below and leave this section blank.

Name On Credit Card:	
Credit Card Type:	
Credit Card Number:	
Credit Card Expiration Date:	

This section is ONLY for US Customers wishing to establish a credit line with ADC

Credit Application Section

So that we may process your application as quickly as possible, please be sure you have done the following:

- Printed clearly or type responses
- Included account numbers for all bank and trade references
- Provided current information on your references (phone/fax numbers, addresses, contacts)
- Sign the "Authorization to Release Information"

Please allow at least three weeks processing time. (Note: response time may vary depending upon your references.) In the interim, you may purchase COD, with a Visa, MasterCard, or prepaid check. If you are mailing this form, use the mailing address in the document footer.

Authorization To Release Information (If Applicable):

Authorized Signature **Date**

Credit Manager

This section is reserved for ADC Office use only

For Office Use Only			
Terms:	Salesperson:		
Date:	Pricing:	<input type="checkbox"/> For specific items (list or attach)	<input type="checkbox"/> % Price:
Limit:	Pricing Begins:		
	Pricing Ends:		