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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 "F" are the minimum required fields necessary, however, all fields should be completed to ensure accurate order processing.

Company Name: Tax ID Number: Company Website: Years in Business: Region(s) Served: Referred By: Indicate The Type Of Organization Below: Primary Market Served: (Check One) Primary Market Served: (Check One) Primary Market Served: (Check One) Physician Supply Hospital Supply Nursing Home Book Store (130 (110) Supply (120) Dental Supply (150) (160) (170) Dental Supply (150) Dental Supply (180) Dental Supply (180) Uniform (200) Export (210) Dental Supply (180) Dental S	Tax ID Number: Company Website: Years in Business: Region(s) Served: Referred By: Indicate The Type Of Organization Below: Primary Market Served: (Check One) Physician Supply		General Compa	ny information	
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Revision Date:

5/7/14

Approved By:



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Form CS82

Filename:

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Created By:

M. Falco

Can your facility accommodate palletized shipments?	☐ Yes ☐ No
Referen	ices Section
ADC requires a resale certificate when creating cus Indicate in the space provided if a resale certificate	· · · · · · · · · · · · · · · · · · ·
Bank	Reference
Name:	Account Number:
Address:	
Phone Number:	Fax Number:
Tvada	References
1: Name:	Account Number:
Address:	Account Number.
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:
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Phone Number:	Fax Number:
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1: Name:	Account Number:
Address:	P. V. I
Phone Number:	Fax Number:
2: Name:	Account Number:
Address:	E - N
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4: Name:	Account Number:
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Revision:

5/16/06

Created on:



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

Important Note: Only complete this section if you plan to pay using a CREDIT CARD. If you are app 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	
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 Included account numbers for all bank and trade references 	
 Provided current information on your references (phone/fax numbers, addresses, conta 	acts)
• 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 a	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: □ For specific items (list or □ % Price: attach)	
Limit: Pricing Begins:	
Pricing Ends:	

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