

**CUSTOMER ACCOUNT INFORMATION**

*Please complete and Return to ACCU-CHEK*

FAX: 812-734-0948

TEL: 800-859-0212

SHIP TO:

Address:

Phone: Ext: Fax:  
E-Mail Address

BILL TO:

Address:

Phone: Ext: Fax:  
E-Mail Address

Company Contacts	Name	Phone	Ext	Fax	Email Address
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Purchasing:

Technical Information:

Quality Control:

Accounts Payable:

Send Calibration Due Notices to:

ACCU-CHEK's calibration program satisfies the requirements of ISO9001, ISO/IEC 17025, ISO/TS16949, ANSI/NCSL-Z540 and ISO 10012. Custom services are available. Please specify services required by circling the applicable items. Additional fees may apply.

1	ACCU-CHEK FORMAT	Must choose:	Non-Accredited Calibrations <input type="checkbox"/>	Accredited Calibrations <input type="checkbox"/>
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Certificate/Data	2	CUSTOMER	Customer Specific
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3	PAPERLESS	Hardcopy not required, certificate and/or data provided upon customer request.
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1	CUSTOMER	Customer specifies the gage accuracy.
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Gage Accuracy	2	OEM	The accuracy is obtained from the OEM.
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3	APPL STANDARD	The accuracy is obtained through the applicable MIL-STD, ANSI standard, etc.
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1	DRAWING REQ'D	Customer sends drawing with tolerances and specifications to be checked. (Standard)
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2	APPL STANDARD	Customer references an applicable standard that provides tolerances and specifications.
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1	AUTOMATIC	Repairs automatically performed if less than 50% of gage replacement cost. (Standard)
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2	QUOTE	Quote repair before performing any work.
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1	ACCU-CHEK STD	Mfg. ID is used as "Serial No", customer markings, engravings, etc used as "GageID" (Standard)
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2	CUSTOMER ID	Use customer assigned ID or control numbers for both "Serial No" and "GageID".
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1	CUSTOMER	Use customer assigned intervals. Interval must be provided with the gage. (Standard)
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2	ACCU-CHEK ASSIGN	ACCU-CHEK assign calibration intervals per industry standards.
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Special Requirements?

**Tax Exempt?** Yes No      If Yes, Tax Exempt Number \_\_\_\_\_ (We must have certificate on file to remove taxes from invoices.)

Shipping: Return Shipping Via United Parcel Service.

Indicate any special shipping requirements:

**Payment Terms: Net 30**

Turn-Around: 10 Working Days (Ave.)      RUSH Available = Std. Cost + 50%

**Purchase Order (PO) required prior to work being performed.**

Comments:

How did you learn about ACCU-CHEK?

Information provided by:

**Questions? Call 1-800-859-0212**

Shipping / Receiving  
Ext. 15

Quality Assurance  
Ext. 12

Inside Sales / Invoicing  
Ext. 10

President  
Donald Smith

## APPLICATION FOR CREDIT

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

LEGAL NAME	ADDRESS	BILLING ADDRESS
OPERATING NAME	CITY	CITY
NAME OF PARENT COMPANY	STATE & ZIP	STATE & ZIP

### TYPE OF BUSINESS

CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  FED Tax ID# \_\_\_\_\_

ARE PURCHASES FROM OUR COMPANY EXEMPT FROM SALES TAX?  YES  NO

IF YES, PLEASE ATTACH THE APPROPRIATE COMPLETED EXEMPTION CERTIFICATE.

### PRINCIPALS

TITLE		TITLE		TITLE	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY	STATE & ZIP	CITY	STATE & ZIP	CITY	STATE & ZIP
TELEPHONE	E-MAIL	TELEPHONE	E-MAIL	TELEPHONE	E-MAIL

### TRADE REFERENCES

NAME	ADDRESS	CONTACT	PHONE/FAX	EMAIL
1.				
2.				
3.				

### BANK CREDIT REFERENCES

BANK	BRANCH	PHONE
ADDRESS	CITY	STATE
ZIP		
CONTACT/EMAIL	ACCT NO:	TYPE OF ACCOUNT:

TERMS AND CONDITIONS: NORMAL CREDIT TERMS ARE NET 30 DAYS.

I HAVE READ THE ABOVE TERMS AND CONDITIONS AND BY MY SIGNATURE ACCEPT AND AGREE TO SAID TERMS. I ALSO WARRANT THE ABOVE INFORMATION TO BE TRUE AND HEREBY AUTHORIZE THE INVESTIGATION OF THE ABOVE INFORMATION.

Firm Name:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

PLEASE REMIT COMPLETED CREDIT  
APPLICATION VIA FACSIMILE OR EMAIL:

ACCU-CHEK Accounting  
accounting@aciquality.com  
Fax 812-734-0948