

**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
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/NCSSL-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  Accredited Calibrations

Certificate/Data 2 CUSTOMER Customer Specific

3 PAPERLESS Hardcopy not required, certificate and/or data provided upon customer request.

Gage Accuracy 1 CUSTOMER Customer specifies the gage accuracy.

2 OEM The accuracy is obtained from the OEM.

3 APPL STANDARD The accuracy is obtained through the applicable MIL-STD, ANSI standard, etc.

Custom Gages 1 DRAWING REQ'D Customer sends drawing with tolerances and specifications to be checked. (Standard)

2 APPL STANDARD Customer references an applicable standard that provides tolerances and specifications.

Gage Repair 1 AUTOMATIC Repairs automatically performed if less than 50% of gage replacement cost. (Standard)

2 QUOTE Quote repair before performing any work.

Identification 1 ACCU-CHEK STD Mfg. ID is used as "Serial No", customer markings, engravings, etc used as "GageID" (Standard)

2 CUSTOMER ID Use customer assigned ID or control numbers for both "Serial No" and "GageID".

Cal Cycle 1 CUSTOMER Use customer assigned intervals. Interval must be provided with the gage. (Standard)

2 ACCU-CHEK ASSIGN ACCU-CHEK assign calibration intervals per industry standards.

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.)

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

RUSH Available = Std. Cost + 50%

Comments:

How did you learn about ACCU-CHEK?

Information provided by:

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

Shipping / Receiving  
Ext. 115

Quality Assurance  
Ext. 123

Inside Sales  
Ext. 122

Invoicing  
Ext. 111

President  
David 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