

**CUSTOMER ACCOUNT INFORMATION**

*Please complete and Return to ACCU-CHEK*

FAX: (812) 734-0948

TEL: (812) 734-1234

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/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"/>
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 Preference:  UPS  FedEx  Prepay and Add to Invoice Account # \_\_\_\_\_

**Payment Terms: Net 30**

Indicate any special shipping requirements: \_\_\_\_\_

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

Comments:

How did you learn about ACCU-CHEK? Information provided by:

**Questions? Call (812) 734-1234**

Shipping  
Ext. 124

Receiving  
Ext. 113

Quality Assurance  
Ext. 123

Inside Sales  
Ext. 115

Invoicing  
Ext. 121

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 I.D.# \_\_\_\_\_

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 FAX OR EMAIL:

Accu-Chek Accounting  
accounting@aciquality.com  
Fax: (812) 734-0948