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

	General Compa	ny Information	
Company Name:			
Tax ID Number:			
Company Website:			
Years in Business:			
Region(s) Served:			
Referred By:			
	Indicate The Type Of	Organization Below:	
Corpor	ation Par	rtnership So	le Proprietorship
	Primary Market Se	rved: (Check One)	
Physician Supply	Hospital Supply	Nursing Home	Book Store (130
(100) FMC Committee (140)	(110)	Supply (120)	D 4 - 1 C 1
EMS Supply (140)	Lab/Safety Supply (150)	Ueterinary Supply (160)	Dental Supply
Multiple Market	OEM (190)	Uniform (200)	Export (210)
Home Care (220)	Catalog (250)	Wholesale (260)	Promotional (2
Other: (indicate)		. 1: 4	
	r shipping addresses, please ir or shipping addresses on sepa	rate pages as necessary.	rter address below.
	Billing Address	s Information	
Address:		S	
City:		State:	
Zip Code:		Country:	
	Shipping Addre	ss Information	
Address:	_		
riaaress.		C4 4	
City: Zip Code:		State: Country:	

Revision Date:

10/2/25

Approved By:

C. Campbell



Customer Account Information Form CS82

				Contact I	nforma	tion				
Please include	e the nam	ne and cont	act information				nt Purchas	sing Dengi	tment	Accounts
			and the Sales							
			contact inforn							ompping or
ming address	ses, prea.	30 1110101010		ilucion for v		11000 40		, 110005541	<i>,</i> •	
Contact Na	ame:									
Departmen	ıt:						Title:			
Phone:	· · · · · · · · · · · · · · · · · · ·		Fax:				Em	ail:		
Contact Na	ame:		,	- U			l .	<u> </u>		
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Form CS82

Filename:

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Can your facility accommodate palletized	☐ Yes ☐ No								
shipments?									
References Section									
Referen	ees section								
ADC requires a resale certificate when creating customer accounts. Indicate in the space provided if a resale certificate is available. Yes, a resale certificate has been attached.									
Bank	Reference								
Name: Account Number:									
Address:									
Phone Number:	Email:								
	References								
1: Name:	Account Number:								
Address:									
Phone Number:	Email:								
2: Name:	Account Number:								
Address:									
Phone Number:	Email:								
3: Name:	Account Number:								
Address:									
Phone Number:	Email:								
4: Name:	Account Number:								
Address:	77 19								
Phone Number:	Email:								
This section MUST be completed by non-	US customers; it is optional for US customers								
Foreign Tr	ade References								
1: Name:	Account Number:								
Address:									
Phone Number:	Email:								
2: Name:	Account Number:								
Address:									
Phone Number:	Email:								
3: Name:	Account Number:								
Address:									
Phone Number:	Email:								
4: Name:	Account Number:								
Address:									
Phone Number:	Email:								

Revision:

Created By:

M. Falco

5/16/06

Created on:



Customer Account Information Form CS82

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 Section below

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 Section

By signing this section you indicate that the information provided above is accurate to the best of your knowledge. You hereby give ADC authorization to contact any trade and bank references listed.

Upon review and approval of your account you agree to abide by the Terms and Conditions provided with any official price lists or sales offerings made available by ADC.

Credit Manager

This section is reserved for ADC Office use only

For Office Use Only						
Terms:		Salesperson:				
Date:		Pricing:		For specific items (list or attach)		% Price:
Limit:		Pricing Begins:				
		Pricing Ends:				

Revision Control Table						
Rev #:	Rev Date:	Revision History Filename:	Creator:	Approver:		
3	6/23/23	Form CS82 Rev 3/Form CS82ES Rev 1	M. Falco	K. Silk		
4	9/5/25	Form CS82 Rev 4/Form CS82ES Rev 2	M. Falco	C. Campbell		
5	10/2/25	Form CS82, Rev 4 to 5	M. Falco	K. Silk		

Filename:	Form CS82	Created on:	5/16/06	Revision:	5	Created By:	M. Falco
Page:	Page 4 of 4			Revision Date:	10/2/25	Approved By:	C. Campbell