


SECTION I: Customer Information
*** Required Fields**

Date: _____

1.* _____ Business or Practice Name:	2.* _____ Business or Practice Email Address	
3a.* _____ Business or Practice Phone Number(s)	_____ Business or Practice Fax Number(s)	
3b.* Agree to receive Fax Communications from Brasseler? () YES	* _____ Name of Person Authorizing Fax Consent <i>(Note: Written consent required for California Customers)</i>	
4a.* _____ Business or Practice BILLING Address City State Zip Code County Location		
4b. _____ Business or Practice SHIPPING Address <i>(if different)</i> City State Zip Code County Location		
5.* Tax Exempt? () YES () NO <i>(Enclose Exemption Certificate)</i>	6.* Purchase Order Required? () YES () NO	
7a.* _____ Practitioner Name: Last First Middle	7b.* _____ Practitioner License Number	7c.* _____ Licensed States
8. _____ Ordering Contact Name Payables Contact Name	9. _____ Other Brasseler Accounts (Customer Numbers)	

SECTION II: Personal Guarantee for Credit (complete if credit terms are requested)
Personal Guarantee:

The above information is provided by the undersigned for the purpose of establishing an account and credit from Brasseler USA. The undersigned expressly agrees that the terms of payment required by Brasseler USA are Net 30 Days from invoice date unless otherwise specified on sales invoice. The undersigned personally guarantees the prompt payment to Brasseler USA of all payment which may hereafter become due and owing. Payments include, but are not limited to, all extensions of credit to Customer, all transactions between Customer and Brasseler USA, the invoiced cost of products and services sold to Customer, and any other amounts, charges, expenses, interest, fees, and costs owed by Customer to Brasseler USA. Customer will reimburse Brasseler USA for all expenses incurred by it in the collection, enforcement, or attempted enforcement of any of its rights including, but not limited to reasonable attorney fees and costs and collection agent fees and expenses.

Signing as an officer of a corporate entity in no way excludes the undersigned of the personal liability. It is understood that credit privileges can be revoked without prior notice from Brasseler USA.

10a. _____ Financially Responsible Party (Print Name)	10b. _____ Signature of Financially Responsible Party
10c. _____ Tax ID or Employer Identification Number	

SECTION III: Credit Card Information (complete if credit terms are not requested)

11a. _____ Card Type	11b. _____ Name on Card:
11d. _____ Card Number	11e. _____ Expiration Date: CVV / Security Code:
11f. _____ Credit Card BILLING Address City State Zip Code	
11g. _____ Email address to receive card transaction notices	

PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:

 Fax: **888-610-1937**
 Email: OrderEntry@BrasselerUSA.com

 Brasseler USA
 Attention: Customer Service Department
 1 Brasseler Boulevard
 Savannah, GA 31419

PLEASE ALLOW ONE BUSINESS DAY FOR NEW ACCOUNT TO BE ESTABLISHED

for Brasseler USA Internal Use Only:

Credit Representative Verifying:	Date:	Customer Number