



SECTION I: Customer Information

* Required Fields

Date: _____

1.* _____ 2.* _____
Business or Practice Name: 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
(Note: Written consent required for California Customers)

4a.* _____
Business or Practice **BILLING** Address City State Zip Code County Location

4b. _____
Business or Practice **SHIPPING** Address (if different) City State Zip Code County Location

5.* Tax Exempt? () YES () NO (Enclose Exemption Certificate) 6.* Purchase Order Required? () YES () NO

7a.* _____ 7b.* _____ 7c.* _____
Practitioner Name: Last First Middle Practitioner License Number Licensed States

8. _____ 9. _____
Ordering Contact Name Payables Contact Name 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 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 excludes the undersigned of the personal liability. It is understood that credit privileges can be revoked without prior notice from Brasseler USA.

10a. _____ 10b. _____
Financially Responsible Party (Print Name and Title) 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. _____ 11b. _____
Card Type Name on Card:

11d. _____ 11e. _____
Card Number 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 _____