

# National Band & Tag Co. Credit Application

Thank you for your order, we appreciate your business. If this is your first order, we recommend sending a check or using a credit card to prevent delays. If you would like to establish an open account, please fill in the information on this credit application. Allow 4 to 6 weeks for processing.

Please be aware that most of our products are custom stamped and therefore manufactured to order. Please allow sufficient time for us to produce your tags.

## DAMAGES & SHORTAGES

If shipment arrived damaged or short any part, have the delivery agent make a notation of the shortage or damage on your express, postal, or freight receipt and file your claim immediately. If we can assist you in getting settlement of claim, we shall be glad to do so. Title of merchandise passes at the time and place of shipment. In the case of orders involving numerous small and varied parts where checking for damages and shortages would be impractical at the time of delivery, 45 days will be allowed for placement of such claims – no claim for damages or shortages will be honored beyond 45 days after shipment from our factory.

## RETURN OF MERCHANDISE

Merchandise is not to be returned without first obtaining a return authorization number from us. Within 14 days of receiving the merchandise, write or call and give us the following information:

1. Name and address under which the order was placed.
2. Order number and the date of the order.
3. Catalog number and description of the item.
4. Reason for requesting an adjustment or return.
5. Adjustment you request (replacement of the item or credit).

If a return is authorized, send the merchandise back with the return authorization number clearly marked on the label. This will aid in processing your order and help us speed up your return. We will not be able to accept returns without this authorization number. All returns are subject to a 10% minimum restocking fee.

Special stamped or numbered goods are not returnable.

By my submission of this form, I authorize National Band & Tag Company to verify, using any available resources, all facts listed hereon, as well as all facts pertaining to my (our) creditworthiness. I understand that by submitting this form, I agree to proper remittance for all goods, services, and fees charged to my account by authorized persons in accordance with the terms and conditions listed above. As an authorized agent of the owners of the company, by my form submission, I agree that all partners, owners, shareholders and/or directors are jointly and severally liable for all associated charges to this account. I further agree that should collection expenses be incurred in the event this account becomes past due, I/we are liable for all such charges.

Name\*

Company/Clinic

Address\*

City\*

State\*

Zip\*

Phone\*

Fax

Email\*

Bank Name\*

Bank Address\*

Bank City\*

Bank State\*

Bank Zip\*

Bank Phone\*

Bank Fax

Credit Reference 1\*

Credit Reference 2\*

Credit Reference 3\*

Reference 1 Phone

Reference 2 Phone

Reference 3 Phone

Reference 1 Email\*

Reference 2 Email\*

Reference 3 Email\*