



Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

## New Customer Form

18530 South Miles Parkway • Cleveland, OH 44128 • phone toll free 800-237-2267 • fax 800-830-8445

### Sold To / Bill To

Acor Customer #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Address Type:  Commercial  Residential

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Order Acknowledgement To:  Fax  Em  Both

### Sales / Mktg Info

Source of Customer: \_\_\_\_\_

Territory: \_\_\_\_\_

Customer Type: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Interests:  Custom  Materials  
 Educ / Info  Orthotics  
 Shoe/Insert  Tech

Entered in TCM by/dt: \_\_\_\_\_

Entered in OC by/dt: \_\_\_\_\_

Notified Rep: \_\_\_\_\_

### Ship To Same as Sold To

Acor Customer #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Address Type:  Commercial  Residential

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Default Shipping Carrier

UPS – Acct#: \_\_\_\_\_

Fed Ex – Acct#: \_\_\_\_\_

Best Way by Acor – Prepaid

Other: \_\_\_\_\_

### Default Shipping Method

Ground  2-day  1-day

### Default Payment Method

Open Acct  (Credit App Attached)

C.O.D.  (Credit App Sent)

Credit Card  Keep Card # On File

CIA  Other \_\_\_\_\_

### Sales Manager Approval

Sign: \_\_\_\_\_ Dt: \_\_\_\_\_