

New Customer Application

Instructions: All new customers must fill out Section I and Section II of this application. *If you are a distributor, you must fill out Section III and attach a copy of your Business License/Vat. Registration/Certificate.* Please provide as much information as possible. If you have any questions, please contact us. Once complete, please fax this form to (303) 367-5118 or e-mail it to us at either usasales@weaverandcompany.com if you are located within the United States, or to sales@weaverandcompany.com if you are outside the US.






Section I: Company/Contact Information			
Company Name			Date
BILLING		SHIPPING	
Address		Address	
City		City	
State/Province	Postal Code	State/Province	Postal Code
Country		Country	
Contact Name		Contact Name	
E-mail		E-mail	
Telephone		Telephone	
Fax		Fax	
Preferred Shipping Carrier <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other:			Shipping Account Number
Business License/Vat. Reg./Certificate Number (required for Distributors only)			

Section II: Company Category		
Please select the type of company you represent (check all that apply):		
<input type="checkbox"/> Distributor	<input type="checkbox"/> Physician's Office	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Hospital	<input type="checkbox"/> Sleep Lab / Sleep Center	<input type="checkbox"/> EEG
<input type="checkbox"/> Audiology	<input type="checkbox"/> University	<input type="checkbox"/> Biofeedback
<input type="checkbox"/> Psychiatry / Counseling	<input type="checkbox"/> Clinic	<input type="checkbox"/> Neurology
<input type="checkbox"/> Research Lab	<input type="checkbox"/> Other (please specify):	

Section III: Business References (if you are not a distributor, please skip this section)

Instructions: Please provide at least three (3) business references, two (2) of which should be from the United States if possible.

Company Name	Company Name
Address	Address
Account Number	Account Number
Telephone	Telephone
Fax	Fax
E-mail	E-mail
Contact Name	Contact Name
Company Name	Company Name
Address	Address
Account Number	Account Number
Telephone	Telephone
Fax	Fax
E-mail	E-mail
Contact Name	Contact Name

Section IV: Product Selection				
Item		Number of Packs	Price Per Pack	Total
	10-30	Nuprep 4oz Tubes (3-pack)		
	10-61	Nuprep 25g Tubes (6-pack)		
	10-20-4	Ten20 4oz Jars (3-pack)		
	10-20-4T	Ten20 4oz Tubes (3-pack)		
	10-20-8	Ten20 8oz Jars (3-pack)		

Additional Comments/Requests: