

**Documents required
to complete application package:**

- Client Information New Account Credit Application
 Certificate of Resale Opening Order

Email or fax completed documents package.
email: Info@vaxcel.com Fax: 630-682-8850

CLIENT INFORMATION FORM

COMPANY INFORMATION	BUSINESS LEGAL NAME				
	PHONE	FAX	EMAIL	WEBSITE	
	BILLING ADDRESS		CITY	STATE	ZIP CODE
	PURCHASING CONTACT		EMAIL	PHONE#	
	ACCOUNTING CONTACT		EMAIL	PHONE#	

SHIPPING INFORMATION	SHIPPING ADDRESS	CITY	STATE	ZIP CODE
	SPECIAL SHIPPING INSTRUCTIONS			
	DO YOU HAVE A LOADING DOCK? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU NEED A LIFT GATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ACCOUNT PREFERENCES	HOW WOULD YOU LIKE TO RECEIVE <u>ORDER CONFIRMATIONS</u> ?	<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> NONE
	HOW WOULD YOU LIKE TO RECEIVE <u>MONTHLY STATEMENTS</u> ?	<input type="checkbox"/> US MAIL	<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX <input type="checkbox"/> NONE
	HOW WOULD YOU LIKE TO RECEIVE <u>INVOICES</u> ?	<input type="checkbox"/> US MAIL	<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX
	HOW DID YOU HEAR ABOUT VAXCEL INTERNATIONAL CO., LTD.? <i>(please check all that apply)</i>	<input type="checkbox"/> TRADE PUBLICATION	<input type="checkbox"/> DALLAS MARKET CENTER	<input type="checkbox"/> LOCAL REP _____

PREPARED BY	NAME	
	PHONE#	EMAIL