

ReadyCare NEW ACCOUNT SETUP FORM FOR U.S. BUSINESS CUSTOMERS

Please use this online editable form to open a new Ready Please allow 2 business days from receipt for review and acc	Care business account. No signature is required if completed online. count setup. Questions: (800) 477-4283.
Date (mm/dd/yy) Sales Rep	Customer # TO BE ASSIGNED
SECTION 1: GENERAL INFO	•
Company Name	Business Type Corporation Proprietorship
Main Phone# Main Fax#	Partnership LLC Other Federal ID#
Billing Address	Shipping Address
City	City
State Zip	State Zip
Primary Contact	Accts Payable Contact
Name	Name
Title Phone	Title
Email	Email
Primary Contact	Accts Payable Contact
Name	Name
Title	Title
Phone Email	Phone Email
Payment Options (select one)	Company Background
Credit Card Pre-Payment (complete Section 2a)	Yrs in Business
Wire Pre-Payment (skip to Section 3)	Yrs w/Present Mgmt
Check Pre-Payment (skip to Section 3) Net 30 Terms (complete Section 2b)	Website
Tax-Exempt Status	Reseller Status
Yes No (include copy of certificate)	Yes No (include copy of certificate)
Tax-Exempt #	Resale Certificate #
SECTION 2A: FOR CREDIT CARD PREPAYMEN	
Type of Credit Card Visa Mastercard AME	Card Billing Address
Name on Card Card Number	City
Exp Date (mm/yy)	State Zip
Security Code	



SECTION 2B: FO	OR NET 30 TERMS					
Bank Name			Account #			
Address			Bank Officer Name			
City			Phone			
State	Zip		Email		Zip	
Commercial Refere	ences (3 Required)					
Company Name #1			Company Name #2			
Contact			Contact			
Phone			Phone			
Address			Address			
City			City			
State			State			
Company Name #3			Company Name #4			
Contact			Contact			
Phone			Phone			
Address			Address			
City			City			
State			State			
SECTION 3: SPE	ECIAL INSTRUCTION					
Purchase Order R		No	Other Special Instruc	tions (Des	scribe)	
Accept Truck Deli	very Yes	No		,		
Lift Gate Needed		No				
Inside Delivery Re	equired Yes	No				
principal, director or officer of are an authorized user of this of otherwise. If you selected Ne company, you, individually, joincluding reasonable attorney writing by delivery to Ready C Care Industries' receipt of the	cluding your name and title below, you a the company with the authority to make credit card, and you are providing permis at 30 Terms, you authorize Ready Care pointly or severally, guarantee the payment of sees and all costs and other expense care Industries at 15845 E. 32nd Ave, Su	his authorization. If you selected psion to Ready Care Industries to conquire about your company's for any and all future obligations incurred by Ready Care Industricte 2A, Aurora, CO 80011, via cere venue for any suit arising out control of the	ore-payment by credit card, you ver harge this credit card for the amoun financial and business relationships of your company which may be ow les in collecting any indebtedness. tified mail, but such revocation will I of this agreement shall be, in additi	rify the accuracy to the accuracy at due on your curs and credit hist and to Ready Carthis is a continuous effective only on to any place	any as outlined on this form, and you are a of the credit card information provided, you arent order and future orders until instructed ory. As a principal, director or officer of the are Industries, or its affiliates, upon demand using guarantee and may be revoked only in a sto transactions entered into after Ready allowed by law, Adams County, Colorado. attorney's fees, costs and expenses.	
I Agree	Authorizer's Name				(Must be a corporate officer)	
	Authorizer's Title					
• Save completed form and email it to your acct manager or info@readycare.com • Print completed form and fax to ReadyCare at (800) 456-6721						







ReadyCare is a leading provider of personal care amenities, supplies and private label solutions to world-class hotels, spas, health clubs and golf clubs. For over 25 years, Denver-based ReadyCare has helped thousands of properties deliver great member and guest experiences by ensuring their personal care offering aligns with their brand and their customers.

