

New Customer Form

Company Information: Company name: _____ URL/website: _____		Your company type is: <input type="checkbox"/> End-user * <input type="checkbox"/> Dealer/Reseller/Integrator * <input type="checkbox"/> Distributor * <input type="checkbox"/> OEM Manufacturer * Resale certificate (required)
Technical Decision Maker: (Person who selected NCast units) Decision-maker name: _____ Decision-maker email: _____ Decision-maker phone: _____		
Billing Information: Billing contact: _____ Bill-to-company: _____ Billing email (required): _____ Billing phone: _____ Billing fax: _____ Billing address: _____ City: _____ State & zip code: _____ Country: _____		
Shipping Information: Your shipping account#: _____ Shipping contact: _____ Shipping email (required): _____ Shipping phone: _____ Shipping address: _____ City: _____ State & zip code: _____ Country: _____		

Payment and Credit Information

<p>1. Option #1: Pre-payment may be made through check, wire-transfer, credit card or paypal. Wire-transfer instructions are at: http://www.ncast.com/pdf/NCast-BF-WireInstructions.pdf. Paypal payment is at: http://ncast.com/quickorder.html</p> <p>2. Option #2: If you prefer immediate credit terms, please provide your credit card number as a backup to be used only if you do not pay your bill after 30-60 days from the shipment date: Credit card # _____ Expiry: _____ Card type: Visa/MC/Amex Card holder's name: _____ Card holder's signature: _____</p> <p>3. Option #3: Alternatively, you may apply for credit terms by attaching three Credit References including: reference company, contact name, email address, mailing address, phone, fax, your account number, and please sign the following: My company and I authorize all trade references, banks and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company. Authorized signature: _____ Printed name: _____ Title: _____ Date: _____</p> <p>Note: A service charge of 2% per month will be added to past due accounts unless satisfactory arrangements are made with our credit department. All returns require an RMA #.</p>

Your Company Information

Coverage territory: _____	Year company was founded: _____			
How many office locations: _____				
How many employees in your company?	Less than 50 <input type="checkbox"/>	50 – 500 <input type="checkbox"/>	501 – 1000 <input type="checkbox"/>	More than 1000 <input type="checkbox"/>
Approximate annual revenue in dollars?	Less than 1M <input type="checkbox"/>	1M-10M <input type="checkbox"/>	10M-50M <input type="checkbox"/>	More than 50M <input type="checkbox"/>