## North American Cable Equipment

**Corporate Headquarters** 1085 Andrew Drive · Suite A West Chester, PA 19380

Phone: (800) 688-9282 Fax: (610) 429-3060

Cust #:			
New Account:	Υ	N	

COD Requirements	Date:
Company Name:	
Billing Address:	Shipping Address:
City, State, Zip:	
Telephone Number:	Fax Number:
E-Mail Address:	
Pa	artners or Corporate Officers
1. Name, Title, Telephone	
2. Name, Title, Telephone	
3. Name, Title, Telephone	
Persons Authorized to make Purchases:	
1: 2:	3:
	Bank References
1. Bank Name, Address, Telephone	Contact Person and Account Number
	Please Read Before Signing
may be in the following forms: Co result in terms change to prepay check that is returned to N.A.C.E enforce payments of your accoun	COD Agreement of shipment from N.A.C.E. COD (cash on delivery) payments ompany Check, Certified funds/money order. NSF Checks will or cash certified. Standard NSF bank fee is \$50.00 for each . And will be charged to offending accounts. If suite is brought to nt, you are in agreement to pay additional sums of attorney fees dges the terms stated. I hereby certify that all information ect.
Signature	Title Date