

ACCOUNT SET-UP

Welcome to All Counties Courier's Dental Service Program, the best solution for your lab or dental office's Same-Day or Next-Day delivery needs. With our team of courteous and trained drivers, our online order entry and tracking, plus our professional Customer Service support, we're confident you'll find our Dental Service Program to be one of the best values in the industry. Have questions? Call us at 800.413.0911 and we'll get you started today!

1. CUSTOMER INFORMATION *(Please print)*

First Name: _____ Last Name: _____
 Title: _____
 Company: _____
 Email: _____
 Phone: _____ Fax: _____
 Street Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____

2. BILLING INFORMATION *(If different from above)*

Billing Contact Name: _____
 Company: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Accounting Email: _____
 Accounting Phone: _____

3. How did you hear about us? Advertising/Direct Mail Website Received Package Client Referral Sales Rep Other

Which delivery companies do you currently use? _____

On average, how many packages do you plan to ship? ___ Daily ___ Weekly

4. PAYMENT METHOD: Check *(Please make check payable to All Counties Courier.)*

Visa  MasterCard  Discover  American Express 

If you prefer to pay by credit card, please print out the **Credit Card Payment Form** located at www.ACCElivers.com (lower left corner) and fax to our Accounting Department via secure fax at 949.798.5948.

5. **TERMS & CONDITIONS:** Please note that by establishing an account with All Counties Courier you are agreeing to the terms and conditions of our current Terms and Conditions guide (viewable at www.ACCElivers.com). All envelopes or packages must be legibly and durably marked on the outside with the address of sender and full name and address of the receiver. Weight, address correction and multiple box fees may apply.

I have read and agreed to the Terms and Conditions of the All Counties Courier Dental Services Program:

Authorized signature *(required to process application)*: _____ Date _____

WE APPRECIATE YOUR BUSINESS. PLEASE MAIL OR FAX COMPLETED FORM TO:

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All Counties Courier, 16931 Millikan Avenue, Irvine, CA 92606 • Tel. 800.413.0911 • Fax: 949.250.8718