**Camp, Non-Profit and Educational Account Request Form**

**THIS INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL.**

**NRS – 1638 South Blaine Street - Moscow, ID 83843**

**Phone: 877.567.7329 - Fax: 877.567.7329 - Email: wholesale@nrs.com**

**Date:**

**Business Name:**

Authorized Purchasers:

Billing Address:

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|       |
| **City:** | **State:** | **Zip:**       |
| **Telephone:**  | **Fax:**  |
| **Alt Telephone / Cell:**  |  |

**Shipping Address:**

|  |
| --- |
|       |
| **City:**       | **State:**       | **Zip:**       |
| **Telephone:**  | **Fax:**  |
| **Alt Telephone / Cell:** |  |

|  |  |
| --- | --- |
| **Email:**  | **Website:**  |

Business type: (mark all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Camp | [ ] School | [ ] Outdoor Program |  [ ] Non-Profit  |
|  |  |  |  |

## Are you accredited with: ACA       CCAA      Other      None

**Years in Business:**

**Number of Employees:**

**Focus of Business:**
**Primary products available from NRS, which you will be interest in:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NRS Representative Signature |