**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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **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 |