

NEW ACCOUNT REQUEST FORM

Date:

BILLING INFORMATION

Organization or Group Name:

Address:

City:

State:

Zip:

Country:

Phone:

Billing Contact:

Email:

Federal Tax ID Number:

Tax Exempt (Yes/No):

Preferred Invoice Method:

Preferred Payment Method:

SHIPPING INFORMATION (if different from billing)

Organization or Group Name:

Address:

City:

State:

Zip:

Country:

Phone:

Shipping Contact:

Email:

Special Shipping Instructions:

PRICING & CONTRACTS & ADDITIONAL CONTACT INFORMATION

IDN:

GPO Affiliation:

GPO Member ID:

Regional Purchasing Coalition
or Regional GPO:

Contact Name:

Contact Title:

Email:

Phone: