

New Account Information Form

COMPANY INFORMATION

Company name			
Type of business			
State of incorporation		Date established	
County of incorporation		Number of employees	
D & B number			
Taxable?	Yes	No	If no, please provide copy of Tax Exemption Certificate
Phone		Fax	
Email		Website	

BILL TO ADDRESS

Attention				
Suite/Building/Room				
Street / PO Box				
City		State		Zip
GLN				

SHIP TO ADDRESS (IF MULTIPLE LOCATIONS, PLEASE ADD ON SEPARATE SHEET)

Attention				
Suite/Building/Room				
Street				
City		State		Zip
GLN				

CONTACTS

Accounts Payable		Phone	
Financial Officer		Phone	
Purchasing		Phone	
Lab Manager		Phone	
Production Manager		Phone	

OWNERS, PARTNERS, OFFICERS

Name		Title	
Name		Title	
Name		Title	

TRADE REFERENCES AND INFORMATION

Name		Email		Fax	
Name		Email		Fax	
Name		Email		Fax	

Are you using a GPO or Prime Vendor?	No	Yes. Name:	
Approximate monthly credit requested			

Pre-pay or purchase card required
until credit is established.

Customer Service: +1 770-874-0431
Email: Support@Healthsupply770.com

