

Customer Information Sheet/ Order Form



Customer Information

Business Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: [Phone] _____ NPI Number(Required): _____

Billing Address

Name [if different from above]: _____
Last *First* *M.I.*

Address: _____
Street Address *P.O. Box*

City *State* *ZIP Code*

Preferred Invoice Method: Email _____ Fax: _____

Mail: [Provide Address]: _____

Payment Method: (Circle One): Credit Card Wire Transfer

Shipping Address

Address: _____ YES NO
Loading Dock Available

City *State* *ZIP Code*

Contact: _____ Phone Number: () _____

Times Open: _____ [Email] _____

Product Order

Number of Tests _____

Type Of Order: Initial Single Reorder Recurring Order Frequency? _____

Delivery Date Requested: _____

Key Contacts

Technical Contact	_____	_____	_____
	<i>Title</i>	<i>Phone</i>	<i>Email</i>
Accounting Contact	_____	_____	_____
	<i>Title</i>	<i>Phone</i>	<i>Email</i>
Alternate Contact	_____	_____	_____
	<i>Title</i>	<i>Phone</i>	<i>Email</i>

General Information [please answer all questions]

Customer Type: Individual Provider Healthcare Organization Govt. Agency

Briefly describe company/agency's primary endeavors:

May we contact you by email with a customer review survey? Yes No

Best Email: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Customer Number: _____

Approved: __YES __ NO