

**Customer Account Form**

*Please note, all Purchase Orders must be sent in writing via FAX or EMAIL.*

**Date Completed:**

**Bill To Information**

**Company Name:**

**Address:**

**City:**

**State:**

**Zip:**

**GPO or Health System:**

**Accounts Payable Information:**

**Contact:**

**Phone:**

**Email address for invoices:**

**Fax:**

**Purchasing Information:**

**Contact:**

**Phone:**

**Email:**

**Fax:**

**Ship To Address:**

**Facility Name:**

**Doctor's Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Shipping Acct. #:**

**UPS:**

**FedEx:**

**Tax Exempt; Yes or No:**

***If tax exempt, attach certificate***

**Tax ID#:**

**GPO:**

**Additional Account Contacts**

**Capital Equipment Manager:**

**Phone:**

**Email:**

**Fax:**

I understand that my/our account with THD America is payable within 30 days of the invoice date, unless otherwise specified. The completion of this form does not guarantee account privileges. Signature below is written consent to establish an account with THD America.

**Signature**

**Printed Name**

**Title**

**Date**