



Clinic Setup Form

Clinic Name: _____

Billing Address: _____

Shipping Address: _____

AP Contact Information:

Name: _____

Invoice Email: _____

Contact Phone Number: _____

Shipping and Purchasing Contact Information:

Name: _____

Email: _____

Contact Phone Number: _____

Sales Contact Information:

Name: _____

Email: _____

Contact Phone Number: _____

Tax Exemption Details:

Yes ___ No ___

If yes, please include a copy of your tax exemption form.

Adittional Comments and Information:
