



15 E Montgomery Crossroads  
Savannah, GA 31406  
(888)-463-5803 office (888) 467-5582 fax  
Please Submit POs to: [ORDERS@ORTHO-CIRCLE.COM](mailto:ORDERS@ORTHO-CIRCLE.COM)

## NEW CUSTOMER SET UP

### CUSTOMER INFORMATION

Customer Name \_\_\_\_\_

Billing Address:


Shipping Address:


Billing Email:

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Invoice delivery Preference

Email    US Mail    Both

### CONTACT INFORMATION

	Name		Email		Phone	
Purchasing	Name		Email		Phone	
PO Confirmation	Name		Email		Phone	
Ship Confirmation	Name		Email		Phone	
Accounts Payable	Name		Email		Phone	
Other	Name		Email		Phone	

### OTHER INFORMATION

Is purchase order number required on orders?

Yes    No

How will purchase orders be delivered to OrthoCircle?

Email    Fax    Phone

Will you accept partial shipments?

Yes    No

Purchases subject to sales tax?

Yes    No (attach sales tax certificate)

Shipping preference:

FedEx using customer account no.:

\_\_\_\_\_

UPS using customer account no.:

\_\_\_\_\_

OrthoCircle FedEx (billed to customer)

OrthoCircle UPS (billed to customer)

Other: \_\_\_\_\_

Specific preferences: \_\_\_\_\_