

# New Customer Form



## ACCOUNT INFORMATION:

Corporate Address:	Billing Address:
Clinic Name: _____	_____
Address 1: _____	_____
Address 2: _____	_____
Address 3: _____	_____
City, State & Zip Code: _____	_____
Phone #: _____	_____
Fax #: _____	_____
Email Address: _____	_____
Contact Name: _____	_____

Billing Method: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Payment Method: \_\_\_\_\_ \*Fees are associated with this option, please see Terms & Conditions

Taxable Status:  Taxable  Non-Taxable (If Non-Taxable, You Must Attach Tax Exempt Documentation)

Tax ID: \_\_\_\_\_ Certificate # of Non-taxable ID: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

## ROCKWELL INTERNAL USE ONLY

Customer Type: \_\_\_\_\_ Contract Type: \_\_\_\_\_

End User Type: \_\_\_\_\_ Delivery Type: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

**Credit Limit:**

\$ \_\_\_\_\_

### **PRICING INFORMATION:**

Contract Number: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

Special Terms: \_\_\_\_\_

### **CUSTOMER CARE:**

Customer Number: \_\_\_\_\_

Ship-To Number(s): \_\_\_\_\_