

Customer Billing Form



ACCOUNT INFORMATION:

ACCOUNT #: _____ SHIPPING #: _____

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: _____

By clicking this box and submitting this form, Customer hereby acknowledges, accepts and agrees that (a) all product purchases from Rockwell Medical, Inc. ("Rockwell") will be governed solely by the Rockwell General Terms and Conditions of Sale, unless otherwise agreed to by both parties in writing, and (b) the terms of any purchase order, order form or order confirmation provided by Customer are hereby rejected by Rockwell and will have no force or effect, except to the extent that such document specifies quantities of products ordered. You must review the Rockwell General Terms and Conditions of Sale, which can be found at www.rockwellmed.com/site/assets/files/1/rockwell-terms-and-conditions.pdf?2022. The individual clicking this box represents and warrants that they are an employee of Customer and has the authority to agree to the Rockwell General Terms and Conditions on behalf of Customer.

Signature: _____ Date: _____

Please Return Completed Form to custserv@rockwellmedical.com.

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): _____

DEPARTMENT APPROVALS:

Sales: _____ Date: _____

Customer Care : _____ Date: _____

Customer Care Mgr. : _____ Date: _____

Finance: _____ Date: _____