

# 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: \_\_\_\_\_

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 [here](#). 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: \_\_\_\_\_

## 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: \_\_\_\_\_