

New Account Request Form rev 081820

Company Name:			
Physical Address (no PO box/actual street address):			
City:		State / Zip:	
Billing Address (if different than above, can be PO box);			
City:		State / Zip:	
Ship to Address (street address)			
City:		State / Zip:	
Sales Tax Exempt Status:	Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	Attach your state or multi-state exemption form to this document	

Contact for	Name:	Title:	Phone with area code & extension:	Email address:
Purchasing:				
Deliveries:				
Accounts Payable:				
Invoice Delivery Preferences:	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax		Fax Number:	

Terms by Entity Type			
Governmental entity; Federal, State, County, Municipality (.gov, .mil, .ihs, .va, .org, .edu):	Net 30 days	Verified purchase orders accepted	Purchase cards (P-cards) accepted
	<i>Accounts must be kept current (within terms) in order for additional POs to be accepted and processed. Credit limits set based on credit history and executive management discretion.</i>		
Private for profit or non-profit entity; (.edu, .com, .org, .net):	No terms available; Payment in advance of order processing via ACH/Wire transfer, check or credit card.	Purchase orders may be submitted; Purchases over \$15,000 require ACH or wire transfer in advance of order processing	Credit cards and company checks accepted for orders less than \$15,000; checks require extra processing time for verification
	Preferred payment method:	<input type="checkbox"/> ACH/Wire <input type="checkbox"/> Credit card <input type="checkbox"/> Check	

Ordering: Please send purchase orders to PO@vitalitymedical.com. Please verify and include item pricing, quantity, units of measure (each, pack, box, case) and calculated shipping amount from our website www.vitalitymedical.com. Please note we cannot do third party shipping and bill your shipping account, and overnight shipping is not available.

Signature	Title	Date