

New Account Set-Up Form

PRIMARY INFORMATION

Business Name: Business Phone:
Primary Street Address (no P.O. Boxes):
Secondary Street Address:
City: State/Province: Zip/Postal Code:

CONTACT INFORMATION

First Name: Last Name:
Phone Number: Fax Number:
E-mail Address:
Centurion Sales Rep (or other contact):
Product(s) to be Purchased: Requested Credit Limit:

SHIPPING ADDRESS Same as Primary Address

Business Name: Care of Name:
Street Address (no P.O. Boxes):
Secondary Street Address:
City: State/Province: Zip/Postal Code:

BILLING ADDRESS Same as Primary Address Same as Shipping Address

Business Name: Care of Name:
Street Address:
Secondary Street Address:
City: State/Province: Zip/Postal Code:

BILLING INFORMATION

Sales Tax Status: Taxable Non-Taxable (Please attach Exemption Certificate)

Invoice Delivery: If different than Standard Mail, please fill out below:

E-mail Invoice E-mail Address:
 EDI EDI Contact E-mail Address:

CENTURION MEDICAL PRODUCTS

100 CENTURION WAY | WILLIAMSTON | MICHIGAN | 48895
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