

ARTERIOCYTE

MEDICAL SYSTEMS

Address: 45 South Street, Hopkinton, MA 01748
Phone: 1-866-660-AMSI(2674)
Fax : 1-508-497-9351

NEW CUSTOMER ACCOUNT DATA FORM - USA

- A) To expedite your account set-up, please respond to all of the following questions.
Kindly complete all of the following fields so that accurate information is on file at Arterioocyte Medical Systems.
- B) Return to the completed form by fax to **508-497-9351**.
Attn.: Customer New Account Set-Up

1. Customer Information

Organization:	_____	Account #:	_____
Contact Name:	_____	Title:	_____
Phone:	_____	Fax:	_____
Email:	_____	Sales Rep:	_____
Who pays for shipping?	Origin (Prepaid & Added to Invoice)		

2. Sales Tax Status

- | | | |
|--|--|--|
| <input type="checkbox"/> Taxable, Subject to Sales Taxes | Note: If Exemption/resale certificate is not received, your purchases will be subject to sales tax. | IF EXEMPT: Please fax a tax exempt certificate for each state which product may be shipped. |
| <input type="checkbox"/> Exempt, for Resale | | |
| <input type="checkbox"/> Exempt, Government | | |
| <input type="checkbox"/> Exempt, Charitable/Not for Profit | | |
| Tax ID # _____ | | |

3. Billing Address

Billing Contact: _____			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip/Postal Code: _____	
Phone: _____	Fax: _____	Email: _____	_____

4. Shipping Address (if different from billing address)

Shipping Contact: _____			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip/Postal Code: _____	
Phone: _____	Fax: _____	Email: _____	_____

5. Purchasing (if separate department/contact)

Purchasing Name: _____
Email: _____

(if separate department/contact)

APPLICATION SUBMITTED BY: _____	Title: _____
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SIGNATURE: _____

PLEASE NOTE: This is an application to establish an account with Arterioocyte Medical Systems. Please provide accurate information and fax to 508-497-9351.