

Thomas Medical New Customer Information Form

Date

Company Name

Purchasing Contact

Name

Email

Doctor/Physician Contact

Name

Email

Credit References

1 Company Name

Address

Phone

2 Company Name

Address

Phone

3 Company Name

Address

Phone

Ship To

Company

Address

City/St/Zip

Phone

Fax

Email

Bill To/Accounts Payable

Company

Address

City/St/Zip

Phone

Fax

Email

*Please note: We do not ship to P.O. Boxes

*If you have multiple ship to addresses please contact your sales representative to ensure proper entry into our system.

*If you would prefer to order through a standing order or would like to know more information about standing orders please call your sales representative at +1.800.556.0349 or email at sales@thomasmedical.com

Tax Exempt (Indiana Companies ONLY) Yes (Tax ID #) _____ No

How do you prefer to be contacted? (Circle all that apply) Phone Email Fax Website

Preferred Payment Method: (Circle One) Credit Card Credit Terms (upon approval)

Additional Information

Once you have filled out the information above please either fax to +1.888.411.3754, email to sales@thomasmedical.com or mail to 5610 W. 82nd Street Indianapolis, IN 46278. Your sales representative will be in touch within 24 business hours.

THOMAS
MEDICAL

THE WORLD'S SOURCE
FOR OB/GYN PRODUCTS

Thomas Medical, Inc.
a CRI® Company
6102 Victory Way Indianapolis, IN 46278 USA
P: 800.556.0349 F: 888.411.3754
sales@thomasmedical.com www.thomasmedical.com