New Customer Account Setup Form

This comprehensive form is designed to gather all necessary information for establishing a new customer account, including shipping and billing details, primary contacts for supply and accounts payable, facility specifics, delivery requirements, and preferred payment arrangements

A. Shipping Address (Ship To)

Please provide the complete physical location where all orders and materials will be delivered.

Field	Input Area
Company Name	
Attention (Attn)	
Street Address Line 1	
Street Address Line 2	
City, State, Zip Code	

B. Billing Address (Bill To)

If different from the shipping address, please provide the location where all invoices and financial correspondence should be sent.

Field	Input Area
Company Name	
Attention (Attn)	
Street Address Line 1	
Street Address Line 2	
City, State, Zip Code	

Primary Contact Information

Please designate the key personnel responsible for supply management and accounts payable functions.

A. Supply Contact (For Orders, Delivery, and Logistics)

Field	Input Area
Full Name	
Direct Phone Number	
Email Address	

B. Accounts Payable Contact (For Invoicing and Payments)

Field	Input Area
Full Name	
Direct Phone Number	
Email Address	

Facility and Logistics Details

A. Facility Type Classification
To ensure accurate product recommendations and compliance with regulatory requirements, please classify your facility type.

Example classifications: Gastroenterology Clinic, Family Practice Office, Confirmation Testing Laboratory, Urgent Care Center, Surgical Center, etc.

Facility Type:

B. Delivery and Receiving Capabilities

Please check all applicable options regarding your facility's ability to receive large shipments.

Can you receive a Pallet (Standard Freight Delivery)?
- ○ Yes
- ◉ No

Please check all additional options that apply to your delivery needs:
- ☐ Liftgate Required: Our facility does not have a loading dock; a liftgate is necessary for unloading heavy freight.
- ☐ Inside Delivery: Delivery driver is required to bring the shipment past the initial entrance (e.g., into a receiving room or office).
- ☐ Limited Access: Delivery location has restrictions such as military base, prison, school, residential neighborhood, or is generally difficult for standard tractor-trailers to access.
- ☐ Residential Address: The delivery location is a primary or secondary residence.-----IV. Payment and Credit Options

Please select your preferred payment method for all orders.
A. Credit Application (Net 30 Day Terms)

☐ I would like to fill out a separate Credit Application to be considered for Net 30 Day Payment Terms. Terms will be granted upon successful credit check and approval.

B. Credit Card Payment

☐ I would like to pay for all orders by credit card.

If you opt for credit card payment, you may either complete the section below to keep a card securely on file or contact our accounting department directly.

To add a credit card over the phone, please call: 561-897-9238Credit Card Information (Optional - To keep on file)

Please indicate the type of card:
- ☐ Visa
- ☐ MasterCard (MC)
- ☐ American Express (AMEX)
- ☐ Discover (DISC)

Field	Input Area
Card Number	
Expiration Date (MM/YY)	
Card Verification Value (CCV/CVV)	

Company Information

Corporate Headquarters Address:	801 N Congress Ave, Suite 100, Boynton Beach, FL 33426
Website:	12panelnow.com