

New Hospital Customer Form



Please complete the following information to set up a new customer account with BioPro.

Hospital Information

Hospital / Institution Name:	
Billing Address:	
Shipping Address (if different):	
Hospital Main Phone:	
Hospital Fax:	
Hospital Website:	
Tax ID / EIN (attach W9)	
GPO or IDN Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Contact

Name:	
Title / Role:	
Email:	
Phone:	
Secondary Contact (optional):	

Purchasing / Procurement Contact

Name:	
Title / Role:	
Email:	
Phone:	

Shipping Preferences

Preferred Shipping Method:	
Shipping Account #	

Billing Terms

Agree to Net 30 Payment Terms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Order Required to Ship in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Send Invoices via Email	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounts Payable Email:	

Products / Services of Interest

BioPro Products of Interest:	<input type="checkbox"/> Foot & Ankle (Podiatry/Orthopedic) <input type="checkbox"/> Hand & Wrist (Orthopedic)
Expected Annual Volume (BioPro Rep)	

Additional Information / Comments

Notes / Special Requests:	
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Acknowledgement & Signature

Authorized Signatory Name:	
Title:	
Date:	
Signature:	

Please return the completed form to: orders@bioproimplants.com

BioPro Information

Ordering: orders@bioproimplants.com
Accounts Receivable: ar@bioproimplants.com
Phone: (810) 982-7777
Website: bioproimplants.com
Address: 2929 Lapeer Road, Port Huron, MI 48060

Federal Tax I.D. Number: 38-3470922
NAICS Code: 339113
SIC Code: 3812
Dunn & Bradstreet Number: 61-874-9857
Invoice Terms: Net 30