



NEW CUSTOMER FORM

CUSTOMER/BUYER INFORMATION

Buyer's Name: _____ Phone: _____

Buyer's Email: _____

Facility/Company Name: _____

Parent Company (Health System) Name: _____

Facility (Shipping) Address: _____

City/State/Zip: _____

ACCOUNTING/BILLING INFORMATION

A/P Contact Name: _____

A/P Contact Email Address: _____

A/P Contact Phone: _____ Fax: _____

Email address for Invoices to be sent: _____

Billing Address: _____

City/State/Zip: _____

** Do you have a corporate FedEx/UPS shipping account we should charge freight to? Yes No
 If yes, please provide your shipping account # and details: _____

** Do you have a corporate credit card to use toward your purchases? Yes No
 If yes, do you want HPC to keep your card on file? Yes (We will send you a form to complete) No

** Is your organization a member of a GPO (group purchasing organization)? Yes No
 If yes, GPO Name _____ GPO ID _____

How did you find HPC?

- GPO Contract
- Internet Search
- Online Advertisement
- Social Media – which site
- Print Advertisement – which publication
- Conference – Please provide Conference Name
- Referral – Please provide company/person

*** We also require the following be submitted:**

- ✓ Copy of your company's W-9
- ✓ Sales Tax Exemption form, if applicable