



Distribution Unlimited
 Toll Free: (800)716-8888
 Office: (623)776-2800
 Fax: (623)776-2900

New Customer Application

Sales Rep: Account Type: Customer ID: <i>Completed by Distribution Unlimited</i>
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Submit via email: Sales@DUMedical.com

Customer Name/ Company: _____ Date: _____

If purchasing Prescription/ Controlled Substances:

Physician Name: _____

DEA: _____ NPI: _____

***Please provide a copy of your DEA Certificate*

Shipping Information:		
Contact Name/ Company: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Office Phone: _____	Office Fax: _____	

Billing Information:	<input type="radio"/> Check if same as Shipping Information
Contact Name/ Company: _____	
Address: _____	
City: _____	State: _____ Zip: _____

Accounts Payable Contact Name: _____ Phone: _____

Email Address: _____

Tax Exempt? No Yes #: _____ ***please provide copy of certificate*

Invoice Method (Please Specify) Email Fax Mail

Contacts needing access to www.dumedical.com to place orders:

First Name: _____ Last Name: _____ Email Address: _____

First Name: _____ Last Name: _____ Email Address: _____

Authorized Representative (Printed Name/ Title): _____

Signature: _____ Date: _____



PrePay:
Net 15:
Completed by Distribution Unlimited

Distribution Unlimited
8957 W Windsor Drive, Suite 122
Peoria, Arizona 85305
Phone: (623)776-2800 Fax:(623)776-2900

New Account Payment Information

Please complete form in its entirety and submit to sales@dumedical.com. If requesting Net 15 account provide DUNS# _____ for approval. For questions, please contact Customer Service at (623)776-2800.

BILLING INFORMATION

Company Name

Accounts Payable Manager (Billing Contact)

Email Address

Telephone

Card Holder Name

Billing Address

Billing City, State and Zip Code

Visa MasterCard American Express

Credit Card Number

Expiration Date

3 Digit Security Code

I hereby request and authorize Distribution Unlimited to apply payments of all invoices to the credit card listed above on the 1st day invoice becomes past due.

Card holder's Signature

Terms- Please Read, Sign and Date the following Statement

In consideration of and in order to induce you to establish an open account line of credit based on the forgoing application, the undersigned promises to pay for monthly purchases in accordance with your terms of sales. If at any time, for any reason, the undersigned is unable to pay for monthly purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account, and any interest computed at the legal rate against any past due amount owing on my/our account in the event. In the event it becomes necessary for your company to incur collection costs or institute suite to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees if the account is placed in the hands of any attorney for collection. Furthermore, the undersigned authorizes to charge all outstanding invoices to the signer's credit card on file.

Signature: _____

Date: _____