

NEW CUSTOMER FORM - ONLY FAX if including credit card information

BILL TO AND ACCOUNTS PAYABLE CONTACT INFORMATION - REQUIRED

Type of Customer: Medical ___ Veterinary ___ Reseller ___ Distributor ___

Practice/Customer _____

Street Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Requested by _____ E-mail address _____

A/P Contact _____ **A/P Email address** _____ **A/P Phone number** _____

SHIP TO Is this a residence? Yes No (we do not ship to P.O. boxes)

Practice/Customer _____

Street Address _____ City _____ State _____ Zip _____

Telephone # _____ E-mail address _____

PAYMENT OPTIONS

Please check one: VISA M/C AMX Discover EFT Check/Money Net 30 (pre-approved)

CC # _____ Exp Date _____ SEC Code _____ Signature _____

SHIPPING OPTIONS

Sontec ONLY ships via **UPS** If you prefer on your UPS Account # _____

Sontec can ship via FedEx only if you provide your Account # _____

ADDITIONAL COMMENTS:

Sontec use only:

Assigned Customer # _____