



### New Customer Information

Please assist us in setting up your New Customer Account by providing the information requested below, and returning the form via email to [operations@leapsurgical.com](mailto:operations@leapsurgical.com)

Customer Name:	
Hospital Buying Group (if applicable)	

#### CUSTOMER INFORMATION:

Billing Name:		Billing Name:	
Billing Address:		Billing Address:	
Address 2:		Address 2:	
Address 3:		Address 3:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Electronic Invoices should be sent to:

#### PURCHASING INFORMATION:

Contact Name:		Email Address:	
Phone Number:		Fax Number:	

#### ACCOUNTS PAYABLE INFORMATION:

Contact Name:		Email Address:	
Phone Number:		Fax Number:	

#### CONTRACTS SIGNATOR INFORMATION:

Contact Name:		Email Address:	
Phone Number:		Fax Number:	

#### CFO / CONTROLLER

Contact Name:		Email Address:	
Phone Number:		Fax Number:	

#### TAX INFORMATION:

TAX ID #:	
Tax Exempt?	<input type="checkbox"/> YES (please attach form) <input type="checkbox"/> NO <input type="checkbox"/> W9 Form Attached

DNB #

#### SHIPPING ACCOUNTS:

Fed Ex Acct #	
UPS Acct #	

#### ADDITIONAL INFORMATION: