

Hospital Account Set Up Form

Complete this form for the hospital accounts you plan to sell United products to. This Account set up form is required to set up the billing for all customer accounts prior to the first case being performed and so that Accounting may generate customer invoices and pay commissions. This form may be used for more than one account. Kindly complete all fields to ensure successful account set up.

SEND COMPLETED FORMS TO: us.accounting@unitedorthopedic.com

Hospital Info Required for Billing Set up:

Facility Name			
Billing Address	City:	State:	Zip:
Shipping Address	City:	State:	Zip:
Parent Group / GPO			
Type of Business	<input type="checkbox"/> Profit Organization <input type="checkbox"/> Sales Tax Exemption <input type="checkbox"/> National <input type="checkbox"/> Community		
Contact Info	Contract / Purchasing	Billing / Accounting	
Name			
Phone and Extension			
Send invoices via email to:			
Send invoices via Fax to:			
Invoice via mail?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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