



Customer Profile Page

Customer Name _____

Address _____

Billing Address (same as above? Y / N) _____

Phone _____ Fax _____

BILLING Manager

Primary Point of Contact

Name _____ Email _____

Title/Role _____ Phone _____

Payment Preference (Circle One) Email or USPS to _____

Term of Invoicing _____

Comments _____

CLINICAL Manager

Primary Point of Contact

Name _____ Email _____

Title/Role _____ Phone _____

Comments _____

Below, please provide a list of facilities and the Primary P.O.C.

<u>Facility</u>	<u>P.O.C.</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Information is not used for solicitation purposes in any way, only for billing and clinical accuracy

