



## NEW CUSTOMER FORM

Name of Business:

Physician:

Billing Address:

Shipping Address: same as billing

Delivery Instructions:

Main Phone:

Website:

Tax ID:

Tax Exempt? *Please attach Tax Exempt Certificate (if applicable)*

Yes

No

Contact for Orders:

Name:

Title:

Phone:

Email:

Contact for Billing:

Name:

Title:

Phone:

Email:

Email for Invoices (if different from billing contact):

Preferred Payment Method:

ACH

Check

Credit Card\*

*\*Fees may apply. To request payment terms, please complete Omeza's credit application form.*

I hereby certify that the information contained herein is complete and accurate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For any questions or to return the completed form, please contact your Omeza Representative or reach out to Customer Service at [customerservice@omeza.com](mailto:customerservice@omeza.com), or call us at 888-886-6392 Ext. 1.