



## New Hospital Account Form

Please complete this form and email to [usorders@biocomposites.com](mailto:usorders@biocomposites.com)

**\*\*THIS FORM MUST BE COMPLETED BY A SALES REPRESENTATIVE\*\***

### Hospital Information

Hospital Name:	
Hospital Address:	
City / State / Zip:	

Inventory Type:	<input type="checkbox"/> Official Consignment	<input type="checkbox"/> Stock	<input type="checkbox"/> Rep Delivery
-----------------	---	--------------------------------	---------------------------------------

Distributorship:		Rep/Team Name:	
Phone:		Email:	

### Hospital Purchasing & Account Information

A/P Contact:		Phone:	
Email Address:			

Purchasing Agent:		Phone:	
Email Address:			

Hospital Type:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Government
Tax ID: <small>*W9 required, please attach</small>		Tax Exempt? <small>*If yes, please attach certificate</small>	YES NO

### Product Pricing

STIMULAN Rapid Cure 5cc <b>620-005</b>	\$	STIMULAN Kit 5cc <b>600-005</b>	\$
STIMULAN Rapid Cure 10cc <b>620-010</b>	\$	STIMULAN Kit 10cc <b>600-010</b>	\$
STIMULAN Rapid Cure 20cc <b>620-020</b>	\$	genex 5cc <b>900-005</b>	\$
STIMULAN Bullet Mat and Introducer	\$	genex 10cc <b>900-010</b>	\$

NHAF 4.24.2018 V1

Biocomposites, Inc.  
700 Military Cutoff Road, Suite 320  
Wilmington, NC 28405

[biocomposites.com](http://biocomposites.com)

Tel: 910-350-8015  
Fax: 910-350-8072  
Email: [usorders@biocomposites.com](mailto:usorders@biocomposites.com)