**New Hospital Account Form: Canada**

**Please complete this form and email to** [**vpv@biocomposites.com**](mailto:vpv@biocomposites.com) **/** [**bmn@biocompsites.com**](mailto:bmn@biocompsites.com)

**or fax to 910.350.8072**

**\*\*FORM MUST BE COMPLETED BY SALES REPRESENTATIVE / DISTRIBUTOR\*\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  | | | | | **HOSPITAL MAIN PHONE #:** | | |  | |
| **HOSPITAL NAME:** | |  | | | | | | | | |
| **HOSPITAL STREET ADDRESS:** | | | | |  | | | | | |
| **CITY, STATE:** | |  | | | | | | **ZIP CODE:** | |  |
| **BILLING STREET ADDRESS:** | | | | |  | | | | | |
| **CITY, STATE:** | |  | | | | | **ZIP CODE:** | | |  |
|  | | | |  | | | | | | |
| **Hospital Information:**  **(Select all that apply)** | | | **Academic  Trauma Level I  Trauma Level II  Trauma Level III**  **Number of Beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |

**Distributor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Distributorship:** |  | **Representative(s) Name:** |  |
| **Representative**  **Phone No.(s):** |  | **Representative(s) Email:** |  |

**Product Pricing**

**\*\* Must Be Completed or Form Will Be Returned to Rep \*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **STIMULAN Kit 600-005** | **$** | **STIMULAN Rapid Cure 620-005** | **$** |
| **STIMULAN Kit 600-010** | **$** | **STIMULAN Rapid Cure 620-010** | **$** |
| **Other:** |  | **STIMULAN Rapid Cure 620-020** | **$** |

**Pricing Approvals: RSM: Yes  No  Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_ AVP: Yes  No  Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Purchasing & Accounting Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Purchasing Agent/**  **Materials Mgmt Contact:** |  | | |
| **Phone Number:** |  | **Email Address:** |  |
| **Health System:** |  | **GPO:** |  |
| **Hospital Type:** | **Non-Profit  For-Profit  Government** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **A/P Contact:** |  | **Payment Terms:** |  |
| **A/P Phone No:** |  | **A/P Email:** |  |
| **Fax Invoices To:** |  | **Email Invoices:** |  |