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	NEW CUSTOMER SETUP INFORMATION	

Please complete the New Customer Account Setup Information requested below in order to set up an account for your facility. Please allow up to 48hrs to activate your account. Upon completion, please fax back to 408-459-7597 or email to: sales@sutureease.com

Name of Facility:			
Shipping Address:			
City/State:		Zip Code:	
Billing Address:			
City/State:		Zip Code:	
GFO Affiliation:			

Purchasing Point of Contact Information			
Name:		Phone No:	
Email:		Fax:	

Accounts Payable Information			
Name:		Phone No:	
Email:		Fax:	
Invoices are sent electronically, please provide email address for invoices:			
Tax Exempt? If yes please send in an exempt form or resale certificate.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

To assist you in setting Suture Ease, Inc. up as a preferred vendor/supplier, find the information below.

SUTURE EASE, INC.
1735 NORTH FIRST STREET
SUITE 300
SAN JOSE, CA 95112

Phone# 408-459-7595

Fax# 408-459-7597

PAYMENT TERMS: NET 30 DAYS FEDERAL ID# 47-2222662

FREIGHT TERMS: FOB: ORIGIN / SUTURE EASE, INC.

For Suture Ease, Inc. Personnel to Enter			
Sales Rep / Dist:		Regional Manager:	
GPO / IDN:		GPO / IDN #:	
Credit Limit:		Terms:	
Manager Approval:		Date:	
Credit Issued:		Sales Tax Set Up:	
Reviewed:			