SPACELABS HEALTHCARE
An OSI Systems Company

Account Request

Please fill out applicable fields below and submit signed request, via fax 425-363-5764 or email to customer.master@spacelabs.com

New Bill-To Account Request ☐ New Facility Account Request ☐ New Ship-To Account Request ☐ Credit File Update ☐
Account Change ☐ Account # _____ Describe change requested _____
Name of Spacelabs employee or representative you are working with _____

Billing Account – Legal Name _____
Billing Address _____
City _____ State _____ ZIP Code _____
Main Phone _____ Fax _____ A/P Fax _____
A/P Contact Name _____ A/P Phone _____ A/P email _____

Corporation ☐ Partnership ☐ Sole Proprietor ☐ Fed ID # _____ State of Incorporation _____
Year Business Started _____ # of Employees _____ DUNS # _____
Do you export Spacelabs product outside of US? YES ☐ NO ☐ Taxable? YES ☐ NO ☐ If no, provide exemption certificate (required.)
Would you like invoices emailed instead of sent regular mail? YES ☐ NO ☐ Invoice email address _____

Facility Name (if different from above) _____
Facility Address _____
City _____ State _____ ZIP Code _____
Purchasing Contact Name _____ Phone _____ Fax _____
If Hospital, please provide HIN # _____ and GLN # _____ Does facility use inhaled anesthesia? YES ☐ NO ☐
If Hospital, # of beds _____ Group Purchasing Org. Member? If yes, which one? _____

Ship-To Name (if different from above) _____
Delivery Address _____
City _____ State _____ ZIP Code _____
Ship-To Contact Name _____ Phone _____ Fax _____

What is the primary nature of the facility: (please mark only one of the following)

- ☐ Acute Care Hospital
- ☐ Long Term Acute Care
- ☐ Free Standing Surgery Center
- ☐ University or Teaching Institute
- ☐ Hospital Construction/Logistics/Consulting
- ☐ Lease / Finance Company (Bill-To Only)
- ☐ Long Term or Skilled Nursing Care Facility
- ☐ Doctors Office or Clinic
  Specialty _____
- ☐ Cardiology Office
- ☐ Dental Office
- ☐ Veterinarian Office
- ☐ Federal Government
- ☐ Ambulance, Fire or Medic Unit
- ☐ Home Medical Equipment Provider
- ☐ Pharmaceutical Research or Clinical Trials
- ☐ Original Equipment Mfg/OEM
- ☐ Repair or Service Provider
- ☐ Distributer or JIT Reseller
- ☐ Lab Tests, Scanning or other Medical Services
- ☐ Other, please describe _____

Products and services shall be provided to applicant subject to the terms of any contract between Spacelabs Healthcare and Customer applicable to the products and services. If there is no such contract in place, the products and services shall be provided to applicant subject to Spacelabs Healthcare's standard Terms of Sale available upon request and on the About Us/Terms/Policies page of our website at http://www.spacelabshealthcare.com. The Terms of Sale are incorporated herein by this reference.

Acknowledged and agreed:

Signature _____ Title _____ Date _____