stimlabs	**New Account Set Up Form**	Document No: FRM023-007 Revision No: 06 Page 1 of 1

Account Executive: _____ **GPO:**_____

Billing Information: **IDN:** _____

Rebate Customer: ☐ Yes ☐ No **Shipping Information:** Same as Billing

Facility Name:			Facility Name:		
Billing Contact:			Facility Contact:		
Address:			Address:		
Address 2:			Address 2:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		Phone:	Email:	

Specialty: ☐ Podiatry ☐ General Surgery ☐ Vascular Surgery ☐ Orthopedic Surgery ☐ Infectious Disease ☐ ENT ☐ Dermatology ☐ Plastic Surgery ☐ OB/GYN

Customer Type: ☐ Ambulatory Surgery Center - ASC ☐ Hospital Inpatient – HIPT ☐ Hospital Outpatient – HOPT ☐ Long Term Care – LTC ☐ Private Office – PVT ☐ Critical Access Hospital –CAH ☐ Government – VA – GOV-VA ☐ Government – DOD – GOV-DOD ☐ Government – IHS – GOV-IHS ☐ Wound Care Center – WCC ☐ Distributor – DIST ☐ Other

TAX ID:	Group NPI:

Physicians affiliated with facility/office: (Include physician degree i.e. MD, DO, PA-C)
Please indicate how you want patient benefits communicated to your office (check one): ☐ Email ☐ Fax
Provider Portal Enrollment: ☐ Yes ☐ No

NAME	NPI	TAX ID	PTAN

Distributors and Consignment Customers are subject to additional requirements and approvals

Fax the completed form to: 470-719-2085 or email to: customerservice@stimlabs.com

StimLabs Internal Use Only

Customer/Supplier Approval Date: _____ or ☐ Approval Pending ☐ N/A (Direct Sale/Ship only)

Quality Approval (Sign/Date) _____ Date: _____

*Additional Approval (Sign/Date) ☐ N/A _____ Date: _____

Note: Provision of tissue for transplantation is restricted to hospitals, free-standing medical facilities, tissue banks, tissue dispensing services, and end-users (e.g. physicians, dentists, podiatrists or other medical professionals) only (AATB Standards for Tissue Banking)

Governing Procedures WI023-001 & SOP016-003