



ACZ & Associates, LLC
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New Account Form

Distributor: _____

Sales Rep Name: _____

ISO If Applicable: _____

Sales Rep Cell: _____

Provider Name: _____ Tax ID Number: _____

Practice Name: _____

Ship To: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Practice Phone: _____

Practice Fax: _____

Practice Email: _____

Billing NPI Individual NPI: _____ Group NPI: _____

PTAN: _____

Bill To: _____

City: _____ State: _____ ZIP: _____

Accounts Payable Contact Name: _____

Accounts Payable Phone: _____

Accounts Payable Email: _____

Billing Party Contact Information

Contact Name: _____ Email: _____

☐ Internal Biller ☐ 3rd Party Biller Phone: _____

Responsible Party, please complete the following:

Name: _____ SSN: _____

Home Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ DOB: _____