

NEW CUSTOMER ACCOUNT DATA FORM

Instructions:

- A) To expedite your account set-up, please respond to all of the following questions.
Kindly complete all of the following pages so that accurate information is on file at Tapmedic.
- B) Return the completed form by fax to **1-904-351-0245**. Email: **info@tapmedic.com**
Attn.: **New Customer Account**

1. New Customer Information

Organization: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

2. Please describe the services your organization provides by checking one of the following:

- End User Please Specify: _____
- Distributor Please Specify: _____
- OEM/Bulk/Kit-Packer Please Specify: _____
- Other Please Specify: _____

3. Is the product we manufacture used as a medical device?

- Yes No

What is the product used for:

4. Does your organization require product certification upon delivery?

- Yes No

5. What is your sales tax status?

- Taxable, Subject to Sales Tax
- Exempt, for Resale
- Exempt, Government
- Exempt, Charitable/ Not for Profit
- Note:** If exemption/resale certificate is not received, your purchases will be subject to sales tax.
- IF EXEMPT:** please send a tax exempt certificate for each state which product may be shipped.

6. Billing Address

Invoice Contact: _____

Email for Invoice: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

7. Shipping Address

Company Name: _____

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

8. Purchasing

Purchasing Name: _____

Email: _____

9. Will this be a one-time purchase? Yes No

If not, what is the anticipated annual purchase amount?

Thank you for filling out this form!

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