

# Cygnus Medical

## NEW CUSTOMER SET-UP FORM



Date:

Purchase Order #:

Facility Name & Main Address:

Purchaser Name:

Phone #:

Fax #:

Email Address:

Facility Billing Address:  SAME AS FACILITY ADDRESS

Accounts Payable Contact Name:

Phone #:

Accounts Payable Email Address for Invoicing:

Credit Card # (WE ACCEPT ONLY MASTERCARD/VISA):

Exp. Date:

3 Digit CVV:

Facility Shipping Address:  SAME AS FACILITY ADDRESS  SAME AS BILLING ADDRESS

UPS # OPTIONAL :

FedEx # OPTIONAL :

PRODUCT: