



NEW CUSTOMER APPLICATION

Please complete and email back to: newcustomer@coopersurgical.com to establish an account or fax to 1-800-262-0105

Billing Address:

Name: _____

Address: _____

City, State, Zip: _____

Bill to GLN #: _____

A/P Contact: _____

Phone# _____

Fax# _____

Alt. Contact: _____

Phone# _____

Fax# _____

Shipping Address:

Name: _____

Address: _____

City, State, Zip: _____

Ship to GLN #: _____

Electronic Invoicing: Check box to receive invoices electronically via e-mail instead of USPS mail.

Electronic Invoicing E-Mail Address: _____

- Corp. EIN # _____
(Federal Tax ID Number)
- Sole Prop. _C
- Non-Profit

(Medical license information required for Account to be established)

Type of Business:

- Pharmacy Physician
- Clinic Government
- Hospital Distributor

Medical License Validation:

Primary Physician/Pharmacist: _____

Medical/Pharmacist License #: _____

Physician/Pharmacist Signature: _____

Tax Status:

- Taxable
- Tax Exempt Certificate Attached (Please Attach Certificate)
- Resale (Please Attach Certificate)

Applicant agrees to pay all items within the terms granted, and if upon default, agrees to pay applicable interest or service charges, and/or collection costs associated with collecting the debt, including reasonable attorney's fees. The Undersigned warrants that all information provided is true and correct, and hereby grants authorization to verify information by checking past credit history and investigate references to determine credit worthiness.

Signature: _____ Printed Name: _____ Date: _____

PERSONAL GUARANTY

In consideration of credit being extended by CooperSurgical, Inc. to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, corporation or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to make the faithful payment, when due, of all accounts of said applicant for purchases made. Any termination of this guaranty shall be in writing and delivered to CooperSurgical, Inc., 95 Corporate Drive, Trumbull, CT 06611, USA, ATTN: CREDIT MANAGER

Termination notice shall not discharge guarantor's obligation as to debts incurred to date of termination. This guaranty shall be binding upon and signature to the benefit of the parties, their successors, assigns and personal representatives.

Signature: _____ Printed Name: _____ Date: _____