



New Customer Account Set-up for Net30

Clinic or Health System Name: _____

Billing Contact:

Name: _____ Email: _____

Phone (ext): _____

Billing Address:

Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Zip code: _____

Default Shipping Address (unless other address entered on order):

Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Zip code: _____

Tax exempt Yes/No: _____ (customer, please attach a copy of your tax exempt government issued documentation)

Net30 Terms: The clinic or health system named above [Customer] agrees to pay Angular Ortho [Seller] within 30 days of email delivery of each invoice for ordered merchandise. Payment is agreed to be in the form of a physical check or in the form of an EFT to Seller's principle checking account if Seller has established an EFT process with Customer. If the Customer does not receive ordered merchandise in full and without defect, Customer will notify Seller of deficiency or defect within 30 days after which Customer agrees to have received all merchandise as ordered and in good condition. A 1.5% late fee will be added to invoiced amounts due which are not received by Seller within 30 days of invoice delivery.

Customer Authorized Signature: _____ Date _____

Customer Authorized Name (printed): _____

Angular Ortho Authorized Signature _____ Date _____