



MicroAire New Account Set-Up Package

Thank you for visiting www.microaire.com and for your interest in products from MicroAire Surgical Instruments.

Please print this Acrobat PDF by clicking on your browser's print button or choosing File...Print...from your menu at the top left.

Please complete both pages and fax them to MicroAire Customer Service at 800-648-4309. Feel free to use this page as a cover sheet.

COMPLETED NEW ACCOUNT SET-UP FORMS

of Pages: 3

FAX TO: MicroAire Customer Service, 800-648-4309

FAX FROM: _____

COMPANY: _____

PHONE: _____

I am interested in the following products from MicroAire:

Please contact Customer Service at 800-722-0822 with any questions.

MicroAire®

SURGICAL INSTRUMENTS

Account Information Data Sheet

Please check one: New Account, if checked, also complete MicroAire Credit Application

Existing Account (updating account info), provide MicroAire Acct# _____

Company/Facility Information (Billing Info)		
Name:		
Add1:		
Add2:		
Add3:		
City:	State:	Zip:

Ship To Address # 1			Ship To Address # 2		
Name:			Name:		
Add1:			Add1:		
Add2:			Add2:		
City:	St:	Zip:	City:	St:	Zip:
Ship To Address # 3			Ship To Address # 4		
Name:			Name:		
Add1:			Add1:		
Add2:			Add2:		
City:	St:	Zip:	City:	St:	Zip:

Accounts Payable Contact:		Materials Mgmt/Primary Buyer Contact	
Name:		Name:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	

National Account/Buying Group Information (Please List Below)	

Please contact MicroAire Customer Service with any questions regarding this form.

Phone: 800-722-0822

Fax: 800-648-4309

CREDIT APPLICATION

COMPANY NAME: _____
BILLING ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
PHONE: () _____ FAX: () _____
CONTACT PERSON: _____ TITLE: _____
NO. OF YEARS IN BUS: _____ NATURE OF BUS: _____
TYPE OF BUS: _____ NON-PROFIT _____ PRTNRSHIP _____ SOLE PROP _____ CORP
DUNN & BRADSTREET #: _____ CREDIT LIMIT REQUESTED: _____
TYPE OF LICENSE _____ STATE ISSUED _____ LICENSE #: _____
IS PRODUCT BEING PURCHASED FOR RESALE? NO YES (Attach Resale Certificate)
ARE YOU SALES TAX EXEMPT? NO YES (Attach Sales Tax Exemption Certificate)
INDICATE ANY NATIONAL BUYING GROUP MEMBERSHIP: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME: _____ TITLE: _____
HOME ADDRESS: _____
PHONE: () _____ SOCIAL SECURITY #: _____

TRADE REFERENCES

NAME OF SUPPLIER: _____
ADDRESS: _____
PHONE: () _____ CONTACT PERSON: _____
NAME OF SUPPLIER: _____
ADDRESS: _____
PHONE: () _____ CONTACT PERSON: _____
NAME OF SUPPLIER: _____
ADDRESS: _____
PHONE: () _____ CONTACT PERSON: _____

BANKING REFERENCE

NAME OF BANK: _____
ADDRESS: _____
PHONE: () _____ CONTACT PERSON: _____

AUTHORIZATION FORM

I HEREBY AUTHORIZE YOU TO RELEASE ANY INFORMATION REQUESTED BY MICROAIRE SURGICAL INSTRUMENTS LLC AS TO OUR FINANCIAL TRANSACTIONS WITH YOU. THANK YOU FOR YOUR PROMPTNESS IN THIS MATTER.

NAME: _____ TITLE: _____ DATE: _____

PLEASE FAX TO CUSTOMER SERVICE AT (800) 648-4309

(Please note that incomplete applications may delay account set-up)