



New Customer Account Form

Company Information							
Account Name:							
Key Contact Name:		Click or tap here to enter text.			Click or tap here to enter text.		
		<i>Last Name</i>			<i>First Name</i>		
Account Address:		Click or tap here to enter text.					
		Click or tap here to enter text.					
City:	Click or tap here to enter text.	State:	Click or tap here to enter text.	Postal Code:	Click or tap here to enter text.	Country:	Click or tap here to enter text.
Invoicing Contact:		Click or tap here to enter text.			Invoicing Email:		Click or tap here to enter text.

Shipping Information							
Account Name:		Click or tap here to enter text.					
Attention:		Click or tap here to enter text.					
Shipping Address:		Click or tap here to enter text.					
		Click or tap here to enter text.					
City:	Click or tap here to enter text.	State:	Click or tap here to enter text.	Postal Code:	Click or tap here to enter text.	Country:	Click or tap here to enter text.
Preferred Shipping Carrier:		Choose an item.			Preferred Shipping Method:		Choose an item.
Customer Account #:		Click or tap here to enter text.					

Billing Information							
Account Name:		Click or tap here to enter text.					
Billing Address:		Click or tap here to enter text.					
		Click or tap here to enter text.					
City:	Click or tap here to enter text.	State:	Click or tap here to enter text.	Postal Code:	Click or tap here to enter text.	Country:	Click or tap here to enter text.
Invoicing Contact:		Click or tap here to enter text.			Invoicing Email:		Click or tap here to enter text.

Contact Information			
Primary Contact:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	<i>Last Name</i>	<i>First Name</i>	<i>Title</i>
	Phone:	Click or tap here to enter text.	Email: Click or tap here to enter text.
Secondary Contact:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	<i>Last Name</i>	<i>First Name</i>	<i>Title</i>
	Phone:	Click or tap here to enter text.	Email: Click or tap here to enter text.
Materials MGMT/ Purchasing Contact:	Click or tap here to enter text.	Click or tap here to enter text.	
	<i>Last Name</i>	<i>First Name</i>	
	Phone:	Click or tap here to enter text.	Email: Click or tap here to enter text.

Corporate Information			
Tax Exempt:	Choose an item.	<i>Tax exemption is based on shipping destination. Please attach tax exemption(s) certifications or all states.</i>	
Full Legal Name:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Tax ID #:	Click or tap here to enter text.	DUNS #:	Click or tap here to enter text.
Credit Reference 1:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	<i>Last Name</i>	<i>First Name</i>	<i>Relationship</i>
	Phone:	Click or tap here to enter text.	Email: Click or tap here to enter text.
Credit Reference 2:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	<i>Last Name</i>	<i>First Name</i>	<i>Title</i>
	Phone:	Click or tap here to enter text.	Email: Click or tap here to enter text.

For Gemini Use Only			
Account #:	Click or tap here to enter text.	Product Demo/Training:	Choose an item.
Rep Name:	Click or tap here to enter text.	Click or tap here to enter text.	
	<i>Last Name</i>	<i>First Name</i>	
Rep Company:	Click or tap here to enter text.		
In-Service Contact:	Click or tap here to enter text.	Click or tap here to enter text.	
	<i>Last Name</i>	<i>First Name</i>	

Submit completed New Customer Account Form and associated documents to orders@geminimedtech.com.