



New Customer Information Form

Please complete this entire form and email completed form to: newaccounts@mxrimaging.com

| | | | |
|-------|--|-------------------------|--|
| Date: | | Person Completing Form: | |
|-------|--|-------------------------|--|

Bill to Company Name & Billing Address

| | |
|-------------------|--|
| Name: | |
| Attention: | |
| Address: | |
| City, State, Zip: | |
| Phone: | |
| Fax: | |
| Email: | |

(If shipping information differs from billing complete below (if multiple shipping addresses, please provide on a separate page))

Ship to Company Name & Address

| | |
|--------------------|--|
| Name: | |
| Address: | |
| City, State Zip: | |
| Site Contact Name: | |
| Phone: | |
| Email: | |

All Information Requested Below is Required

| | | |
|--------------------------------------|--|---|
| TAX ID (FEIN): | | Business Type: <input type="checkbox"/> Corporation (<input type="checkbox"/> S <input type="checkbox"/> C) |
| DUNS #: | | <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship |
| Years in Business: | | <input type="checkbox"/> LLC (<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Member <input type="checkbox"/> Corp) |
| GPO Affiliation: | | |
| Ordering Pharmacy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | RX License # |
| Accts. Payable Contact: | | |
| Accts. Payable Phone: | | |
| Accts. Payable Fax: | | |
| Accts. Payable Email: | | |
| Preferred Method of Invoice Delivery | <input type="checkbox"/> Invoice Email Address _____ or <input type="checkbox"/> Mail to above billing address | |

Primary Contact

| | | | | | |
|-------|--|--------|--|--------|--|
| Name: | | Email: | | Phone: | |
|-------|--|--------|--|--------|--|

Owner or Officer (If additional, please include on a new page)

| | | | | | |
|--------|--|----------|--|--------|--|
| Name: | | Title: | | Email: | |
| Phone: | | Address: | | | |

All Information Requested Below is Required

| | |
|-----------------------------|--|
| Is purchase order required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is merchandise for resale? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include a copy of resale certificate.) |
| Is your company tax exempt? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include a copy of exempt certificate.) |
| Market Identifier | Exempt number: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Surgery Center <input type="checkbox"/> Imaging Center <input type="checkbox"/> Chiropractor <input type="checkbox"/> College/University <input type="checkbox"/> Dental <input type="checkbox"/> Cancer Center <input type="checkbox"/> Hospital <input type="checkbox"/> Urgent Care <input type="checkbox"/> Doctor/Physician <input type="checkbox"/> Veterinarian <input type="checkbox"/> Podiatry <input type="checkbox"/> Ortho <input type="checkbox"/> Government <input type="checkbox"/> Other List _____ |



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Equipment Information *(If services are needed, please provide the information below)*

| | |
|----------------|--|
| Make: | |
| Model: | |
| Serial Number: | |
| Make: | |
| Model: | |
| Serial Number: | |
| Make: | |
| Model: | |
| Serial Number: | |

Additional Information: Attach W-9 and any Resale or Exempt Certificates

Acceptance of Terms & Conditions

By signing below, Customer acknowledges acceptance of MXR's Billable Terms and Conditions of Service for any service and/or parts that are provided to Customer without a separate quote being signed. In situations where Customer has signed a quote, or provided a PO as acceptance of a quote, the terms on the quote would prevail. In addition, Customer agrees to the terms in MXR's hold harmless agreement. Should the terms and conditions on the MXR website be revised or updated after signature of this New Customer form, the terms and conditions that were applicable as of the date of signature of the Customer shall apply.

Billable Service Terms & Conditions

<https://mxrimaging.com/Billable-Services-Terms-and-Conditions>

Hold Harmless Agreement

<http://mxrimaging.com/Hold-Harmless-Agreement>

Credit Check Consent

In addition, the undersigned certifies that he/she has the authority on behalf of the Customer to execute this credit check form and that the above information is true and accurate. The Customer hereby consents to MXR and its agents obtaining a report of its credit record with information provided above. Should any of the above information change it is the Customers obligation to submit a new form with the amended information.

Authorized Signature

Date

Printed Name

Title