

New Account	Update	Fagron Account Number _____
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Facility Name: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Number of Beds: \_\_\_\_\_

Facility Type:

Clinic/Physician Office
Dialysis Clinic
Hospital
Surgery Center

Facility Shipping Address: (Submitted licenses must match shipping address)

Street Address: \_\_\_\_\_

Suite: \_\_\_\_\_ Attn: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Shipping charges for expedited shipping will be applied to the order invoice.
- Standard shipments are scheduled for delivery Monday - Friday.
- Refrigerated product is only shipped Monday-Wednesday.
- If alternative delivery schedule is required, please indicate details here:

\_\_\_\_\_

- All orders are shipped via UPS.
- If shipping per customer's FedEx or UPS account is preferred, enter account number here: \_\_\_\_\_

Primary GPO Name: \_\_\_\_\_

IDN Group: \_\_\_\_\_

**Terms and Conditions**

The person signing this section warrants on behalf of Customer that the above information is complete and accurate and hereby agrees to the following Terms and Conditions:

1. Standard payment terms are Net 30 from invoice date.
2. \$7500 credit limit upon completion of Fagron's credit application; additional information may be required for higher limits. Completion of separate credit application is mandatory for account set up.
3. All orders are considered final when product has left the Seller's facility. No refunds or returns after shipment.
4. Customer agrees to immediately notify Seller of any change in ownership, form or business name of the entity.
5. This document will be as effective in photocopy or fax form as in the original.
6. Customer acknowledges and agrees that services may be provided by Fagron Sterile Services or an affiliate.
7. Customer acknowledges that Seller may limit or discontinue credit at its sole discretion and that the continued extension of credit may require additional information.
8. Customer agrees that if any invoice is not paid when due, late charges will accrue at the rate of 1.5% per month or the maximum rate allowed by law, whichever is less. If legal action is taken to pursue collection, jurisdiction shall be the State of Texas and the venue shall be Travis County, Texas. The Customer agrees to reimburse Seller for any attorney fees, court costs or other costs of collection which may be incurred in its efforts to collect any past due debts.
9. In the event of an effective contract with terms that differ from the above, the effective contract will govern.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Title

### Payment Method

**\*\*One payment option must be chosen.**

- Check    Mail to: PO Box: Dept CH 18048, Palatine, IL 60055-8048
- ACH      Email remittance to: ar@fagronsterile.com
- eCheck   Scan and email to: ar@fagronsterile.com

### Contact Information

*Two different contacts and email addresses are required for every account.  
At least one invoice email is mandatory for each account. All invoices are sent via email and are sent in PDF form only.*

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Business Contact      Invoice Emails      Order Confirmation Emails      Web Shop Access      A/P Contact

**Sales Use Only:**

Sales Territory: \_\_\_\_\_ Definitive ID: \_\_\_\_\_

GPO: \_\_\_\_\_ IDN Group: \_\_\_\_\_ Price Book: \_\_\_\_\_

Forms Attached:    DEA License    State License    Credit App    Web Shop SoCD    Written SoCD

Exception: \_\_\_\_\_

## Web Shop Information

All accounts will be set up with Web Shop access to facilitate online purchases and have access to important information.

Some Web Shop features include:

- Access full order history
- Download COAs and invoices
- Order for multiple accounts
- View batch details immediately
- Track product shipments
- Check invoice payment status
- Manage user permissions
- Read quarterly Environmental Monitoring Reports
- Mobile Friendly
- Download usage reports

## Ordering Made Easy

### Customer Care

Phone Number: 877.405.8066

Email: [customercare@fagronsterile.com](mailto:customercare@fagronsterile.com)

Customer Care Hours: 8:00 am – 5:00 pm CST Monday-Friday

Order Deadline: 12:00 pm CST Monday and 2:00 pm CST Tuesday-Friday

Online: [shop.fagronsterile.com](http://shop.fagronsterile.com)

**\*\*All three pages of this form must be returned for account setup.**