MedGyn Products, Inc.
800 Pasquinelli Drive Westmont, IL 60559 USA
(T) 1-630-627-4105 (F) 1-630-627-0127

New Customer Application - Domestic

Please complete fully and clearly and return to your sales representative. Please mark N/A when appropriate.

Billing Address:				Shipping Address:	
Name:				Name:	
Street Address:				Street Address:	
City, ST, ZIP				City, ST, ZIP	
Bill - GLN # (If Any):				Ship to GLN# (If Any) :	
A/P Contact		Phone #:		Email Address:	
Buyer Contact		Phone #:		Email Address:	
Alt. Contact		Phone #:		Email Address:	

Electronic Invoicing E-Mail Address: _____ REP ID: _____

VENDOR PO Number ONLY

Please use Ø for 0 when necessary.

Type of Business	Preferred Shipping Method	Bill Shipping to:
☐ Distributor	☐ US Postal Code	☐ Pre-Pay & Add
☐ Clinic	☐ Fed Ex	☐ UPS Account
☐ Hospital/ASC	☐ Best Way	UPS _____
☐ Physician	☐ UPS	
☐ Government	☐ Other _____	
Method of Payment	**Tax Status**	**EIN: If applicable**
☐ ACH	☐ Taxable	_____
☐ Cash/Check	☐ Tax Exempt - Attach Certificate	
☐ Credit Card Ø	☐ Tax Exempt - Resale - Attach Certificate	
☐ Other		

Terms	
☐ Prepaid	☐ Net 30

* A 3% Credit Card Fee will be added to the invoice for all credit card purchases.

** Invoices are past due 5 days after the stated terms. Per invoices, order forms and disclosures, and consistent with industry standards, unpaid balances will be subject to a monthly 1.5% finance charge. This translates to an annual rate of 18%. Additionally, invoices that remain unpaid after 180 days will be subject to an additional $25 per month late fee.

Ø Please attach the Credit Card Authorization Form for this method of payment.

The undersigned guarantees that all provided information is accurate and authorizes verification through credit and reference investigations to assess credit worthiness.

Date:

Signature: _____ Printed Name: _____ ___/___/___