OsteoCentric TECHNOLOGIES

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NEW CUSTOMER FORM ADD FORM

Please submit form prior to first case

OsteoCentric Area Sales Director Name:	

Distributor Company Name:		Sales Rep Name:	

ACCOUNT INFORMATION

CUSTOMER TYPE
☐ HOSPITAL ☐ SURGERY CENTER ☐ VETERINARY
☐ OTHER:

DIVISION
☐ TRAUMA ☐ SI FUSION ☐ SPINE

Facility NPI #	

Click Here to Search NPI Database:

Hospital / Facility Name:					
Address:					
City:		State:		Zip:	
Phone Number:					

IDN / Network:	
IDN Parent/ Network Parent:	
GPO:	

PRICING:	☐ List Price ☐ Teaching Ctr Price
	☐ Other (Explain)

Pricing File Attached?	☐ YES ☐ NO

** ACCOUNTS PAYABLE CONTACT **			
Name:		Phone:	
Email:		Title:	
SUBMIT INVOICES TO:		This section must be completed to submit any order.	
** PURCHASE ORDER REQUESTOR CONTACT **			
Name:		Phone:	
Email:		Title:	

KEY ACCOUNT CONTACTS:

SURGEON USER(S):			
PHYSICIAN NAME (Last, First)	SPECIALTY	LOCATION (City, ST)	NPI #

ADDITIONAL ACCOUNT CONTACT			
Name:		Email:	
Title / Dept:			
Phone:			

ADDITIONAL ACCOUNT CONTACT			
Name:		Email:	
Title / Dept:			
Phone:			

ADDITIONAL ACCOUNT CONTACT			
Name:		Email:	
Title / Dept:			
Phone:			

NOTES/COMMENTS:	