

**LIFESYNC CORPORATION
NEW CUSTOMER ADD FORM
COMPLETE, PRINT, AND FAX TO 954-745-7654**

Date: _____

Customer Name: _____

Bill To Name, Address & Phone #:

Ship To Address:

Is Customer Tax-Exempt ? No _____ Yes _____
(If customer is Tax-Exempt, SIGNED Tax Exemption Certificate MUST BE ATTACHED)

Is Customer a Member of any of the No _____ Yes _____
following Group Purchasing
Organizations (GPOs)?

_____ HPG

_____ MedAssets . . .

_____ Magnet

_____ Premier

Customer Pricing and Terms: (Check which apply)

_____ LifeSync Contract (must be fully executed thru Ft Lauderdale)

_____ GPO Pricing

_____ List Price Customer

_____ FSS

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Accounting Use ONLY:

Customer # Assigned _____

Set-Up Required (Acct Employee to initial and date each as completed)

_____ Pricing

_____ Exemption

_____ Payment Terms

_____ Contract Start / End Date

_____ Shipping Code

_____ Auto Renew ?

_____ Sales Tax Schedule

_____ Commitment

Sales Territory _____

Sales Representative Assigned to Account _____

Clinical Educator Assigned to Account _____