

New Customer Information Form

The information below is required to establish a New Customer Account with Femasys® Inc. Once we receive this completed form, customer service will create your account and advise you of your customer account number.

Internal use only

Customer Account #

Customer Information

Company/Practice Name	<input type="text"/>		
Primary Doctor Name	<input type="text"/>		
Medical License Number or NPI	<input type="text"/>		
Street Address	<input type="text"/>		
Street Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Postal Code	<input type="text"/>
		Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

Additional Physicians Using Femasys' Products

Doctor Name	<input type="text"/>
Medical License Number of NPI	<input type="text"/>
Doctor Name	<input type="text"/>
Medical License Number of NPI	<input type="text"/>
Doctor Name	<input type="text"/>
Medical License Number of NPI	<input type="text"/>
Doctor Name	<input type="text"/>
Medical License Number of NPI	<input type="text"/>

Primary Contact Information

Name	<input type="text"/>		
Title	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

A/P Contact Information

Name	<input type="text"/>		
Title	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Method of Invoice?	<input type="text" value="Please Select"/>		

Billing Address

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				

Shipping Terms

All products are sold FOB Femasys Inc. and shipped via FedEx Ground unless requested by customer to use FedEx Express. Freight charges are prepaid by Femasys Inc. and added to the Customer's invoice.

Shipping Address (if more than one location, please fill out Page 3)

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				

Patient Referrals

Femasys customers are encouraged to list their practice information on our website's Practice Locator feature. This will help patients in your area locate practices using Femasys' products. Customers are listed automatically, however, you may OPT OUT of this free feature at any time. If your practice does not want to be listed, please check the indicated box.

Please do **NOT** include my practice in the locator feature.

Name (Please Print):	Title:	Signature and Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this New Customer Information Form, you acknowledge and accept the provisions set forth in Femasys' Terms and Conditions of Sale included with this document. I certify that the above information is correct.

For Internal Use Only

Type	<input type="checkbox"/> OBGYN	<input type="checkbox"/> FERT	<input type="checkbox"/> CLINIC	<input type="checkbox"/> DIST	<input type="checkbox"/> HOSP	<input type="checkbox"/> UNIV	<input type="checkbox"/> PROSP	<input type="checkbox"/> SELLER
Entered By	_____		Reviewed By	_____		Date	_____	

Additional Shipping Information

Shipping Address

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				

Shipping Address

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				

Shipping Address

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				

Shipping Address

Company Name/Location Name	<input type="text"/>						
Contact Name	<input type="text"/>						
Street Address	<input type="text"/>						
Street Address 2	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>				