

Internal use only
 Customer Account #

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.

Shipping Terms

Standard shipping terms for all orders placed within the 48 contiguous United States: our products will be shipped F.O.B shipping point with FedEx Ground, unless requested to expedite shipping by the customer. The customer is responsible for paying shipping costs. Ownership of the product will pass to the customer when the products are shipped from our warehouse in Suwanee, GA. Shipping costs are prepaid by Femasys Inc. and added to the customer's invoice. Femasys offers the option to ship using a customer's Third-Party FedEx account number. Please provide FedEx account information.

Customer Shipping Information

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"/>	Zip Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>	FedEx Acct #	<input type="text"/>		

Additional Shipping Address (if more than one location)

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"/>	Zip Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax	<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"/>

Purchasing Contact Information

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

Accounts Payable Contact Information

Name	<input type="text"/>		
Title	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
Tax ID #	<input type="text"/>		

Bill To Address (If different than shipping)

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 assist patients in your area to 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:
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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.

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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	_____			