

## New Customer 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.

### Customer Shipping Information

Practice Name	<input type="text"/>						
Primary Doctor Name	<input type="text"/>						
Contact Name	<input type="text"/>	Medical License # 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"/>				

### Purchasing Contact Information

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

### Shipping Terms

Standard shipping terms for all orders placed within the 48 contiguous United States: our products will be shipped FOB 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.

### Accounts Payable Contact Information

Name			
Title			
Phone		Email	
Tax ID #			

### Bill To Address (If different than shipping)

Location Name							
Contact Name							
Street Address							
Street Address 2							
City		State		Postal Code		Country	
Phone		Fax					

### Order Details

Select Product(s) and Quantity	1 box (5 devices)	2 boxes (10 devices)	3 boxes (15 devices)	4 boxes (20 devices)	5 boxes (25 devices)
<input type="radio"/> FemVue® Saline-Air Device with bowl and catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FemVue® Saline-Air Device with bowl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FemCerv® Endometrial Sampler, 11 Fr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FemCerv® Endometrial Sampler, 13 Fr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Patient Referrals for FemVue

Femasys customers are encouraged to list their practice information on the FemVue website Practice Locator feature. This will assist patients in your area to locate practices using the FemVue product. Customers purchasing FemVue 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.

<b>Name (Please Print):</b>	<b>Title:</b>	<b>Signature and Date:</b>
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By signing this New Customer Form, you acknowledge and accept the provisions set forth in Femasys' Terms and Conditions of Sale available at <https://bit.ly/3tleqju>. 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 _____