



New Account Form

Please send a copy with your first case

Account Set Up Date: _____

Doctor's Name: _____ Name of Practice: _____

Doctor's License Number: _____ Main Contact: _____

Billing Address:

Shipping Address (if different than billing):

Phone Number: _____ Emergency Number: _____

Fax Number: _____ Email: _____

Number of employees: _____ Avg. number of appliances per month: _____

I, (Please print) _____ referred to as (Guarantor) agree to all terms and conditions and is the responsible person for any/all payments & unpaid balances for account of: _____ (Name of business) that is owed to Utah Medical Products and Services (DBA Cottonwood Labs). As guarantor, I understand that all balances past 60 days are subject to interest charges and *non-payment* fees and accept full responsibility as guarantor to pay all undisputed invoices past 90 days. Any account past 90 days is considered delinquent and is subject to all fees incurred to collect on all open invoices.

Please feel free to request a copy of our terms and conditions.

"We'll make it Right"