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*.