ACCOUNT SET UP FORM OR UPDATE TO AN ACCOUNT

BILL TO INFORMATION

Facility Name:

Bill To Address:

City:	State:	County:	ZIP Code:

Facility Type (Circle One): Physician ASC Hospital Group Government/VA Other:

SHIP TO INFORMATION

Ship To Address (If Different From Bill To Address):

City:	State:	ZIP Code:

Shipping Preference (Circle One): UPS FedEx Shipping #:

PAYMENT (ACCOUNTS PAYABLE-A/P) INFORMATION

Person(s) Responsible For Payment Inquiries:

Telephone #:	Fax #:

E-mail:

Best Method Of Contact (Circle One): Telephone Fax E-mail Time of Day (Circle One): AM PM

Purchase Orders Required For Your Facility (Circle One): Yes No Over What Amount? (Fill In): $

Federal ID #: Tax Exempt Certificate #: **FAX APPROPRIATE DOCUMENTS**

Estimated Annual Purchases: $

Invoice Preference (Circle One): US Mail E-mail (Fill In):

IF REQUESTED FAX REFERENCES AND BANK INFORMATION WITH THIS FORM

PLEASE FILL OUT BELOW THE PAYMENT METHOD FOR YOUR ACCOUNT

CREDIT CARD PAYMENT

Type of Card: (Circle One) AMEX Visa Master Card	Cardholder's Name:
Card #:	Corporation Name:
Expiration Date: / /	Security Code: (Visa and Master Card 3 digits Located on back. Amex 4 digits located on front.)

As the credit card holder, I also authorize Crestpoint Management to run my credit card upon orders shipping against this account.

Name:____

Title:________________________Date: / /

TERMS & CONDITIONS OF ACCOUNT

All invoices are payable 30 days from date of invoice. We accept VISA, MasterCard, American Express, Check and Wire Transfer. Please refer to our website www.crestpointophthalmics.com for terms and conditions, or contact Accounts Payable (314) 849-7773.

I hereby certify that the information provided by me is true and accurate and have authority to set up an account for facility listed above.

Name:____

Title:____________________Date: / /

GENERAL INFORMATION
WE APPRECIATE IF YOU COMPLETE THIS SECTION, IT HELPS TO BETTER SERVE YOUR FACILTIY

Person To Contact About Ophthalmic Products:

Telephone #:	Fax #:

E-mail:

Crestpoint Management
9100 Watson Road
St. Louis, MO 63126

Phone: (314) 849-7773, (800) 756-7773
Fax: (314) 849-7776
E-mail: custsvc@crestpointmgt.com