



listening... and delivering solutions

5976 Heisley Road
Mentor OH 44060

phone 440 / 639.4494

fax 440 / 639.4495

customer service 800 / 769.8226

www.usendoscopy.com

CUSTOMER ACCOUNT SET-UP FORM

Customer Number _____

Customer Name _____

Billing Address _____

City _____ State _____ Zip _____

County _____ Sales Tax Rate _____

Shipping Address _____

Corporation Yes No

Other _____

Bank Reference _____

	Name	Email	Phone#	Fax#
Bank Contact				
Accounts Payable Contact				
Nurse Manager				
Purchasing Contact				

Are purchase orders requested Yes No (select one)

Tax Exempt? Yes No (select one)

(Exemption form must be attached)

Tax ID number _____

Our Terms Net 30

All invoices over 60 days are subject to a 1.5% finance charge per month

Number of Beds _____

Number of GI procedures per year _____

Remit to Address
US Endoscopy
Accounts Receivable
5976 Heisley Road
Mentor, OH 44060

Please fax customer account request form to 440/639.4495

After the form is received, please allow 2 business days for processing. US Endoscopy operates under normal business hours; Monday through Friday, 8am to 5pm, EST. In the event a form is received on a weekend or holiday, the form will be processed on the next business day.

Contact US Endoscopy customer service with any questions or concerns at 1 800/769.8226