

NEW ACCOUNT SETUP



CUSTOMER INFORMATION

Ship-To Name and Address

Facility Name: (30 character limit) _____

Contact Name: _____

Address: _____

Address 2: _____

Country: Canada

Province and postal code: _____ Phone#: _____

Customer Type: Wholesaler Hospital Pharmacy Physician Sales Rep Other

Bill-To Name and Address

Name: _____ Name 2: _____

Address: _____

Address 2: _____

Country: Canada

Province and postal code: _____ Phone#: _____

Accounts Payable Contact: Name _____ Email: _____

Method of Transportation (MOT):

Ground Ambient Next Day - 321

LICENSE INFORMATION

Exempt – No License Required

PRICING INFORMATION

Payment Terms: Net 30

Is this customer on a pricing contract? N

EDI REQUIREMENTS

EDI Required: YES NO

If yes, transactions required:

850 Purchase Order

856 ASN

810 Invoice

820 Remittance Advice

Other: _____

Please send completed form or direct any questions to Innomar Strategies

E-mail: Verity-CSR@innomar-strategies.com Telephone: 1-844-889-8588 Fax: 1-844-435-9677