

Customer Account Application

Please return completed form to Customer Service: Email: global@neurovisionmedical.com, Fax: 877-330-1727

COMPANY INFORMATION

Company's Complete Legal Name:	
Also Doing Business As:	
Primary Office Mailing Address:	
Street Address Line 2:	
City:	State/Province:
Zip/Postal Code:	Country:
Primary Office Phone:	Fax:
Website:	

ACCOUNTS PAYABLE INFO

AP Dept Phone:	Contact Name (if applicable):
Email to Send Invoices:	
Email for General AP Inquiries:	

SHIPPING INFORMATION

FedEx Account Number (or Preferred Alternate Carrier name):	
Add shipping insurance on each shipment*? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>*additional charge will apply & varies by carrier/shipment value</i>	
<i>**All orders ship FOB Destination, Freight Collect via FedEx International Economy if a FedEx account number is provided. Please specify on PO if expedited/priority shipping is necessary. If shipping with alternate carrier, Buyer/Recipient will be responsible for scheduling/coordinating shipment with the carrier.**</i>	
Please specify any documentation required for Customs clearance:	
Primary Ship To -- Contact Name & Phone:	
Location Name:	
Attention To:	
Street Address Line 1:	
Street Address Line 2:	
City:	State/Province:
Zip/Postal Code:	Country:
<i>***If more than 1 ship to location, please attach list with contact and address info for each location.</i>	

PRIMARY PURCHASING CONTACT

Name:	Title:
Phone #:	Email:

DIRECTOR OF PURCHASING

Name:	Title:
Phone #:	Email:

PRODUCT/ORDER INFORMATION

Minimum Shelf Life Required:
Other Special Requirements:

Product Registration is required prior to fulfilling any orders

Please attach proof of product registration (as provided by your Notified Body and/or applicable government agencies).

NMP Return Policy

All returns for credit, repair or warranty review must have prior return merchandise authorization (RMA) from NMP before shipment. All authorized returns must be sent prepaid to NMP and the RMA number must be prominently displayed on the shipping carton and all paperwork. Merchandise returned that does not meet NMP's policy will be returned to customer at customer's expense. Merchandise returned with proper RMA identification, unopened and undamaged in the original packaging (as shipped from NMP), up to 30 days from invoice date, shall be credited at customer's price minus a 20% restocking charge. All sales over 30 days from invoice date are considered final. Any sterile merchandise returned that is obsolete, discontinued, not on the current price list, beyond its specified expiration date, defaced, altered, damaged, has come into contact with body tissue or fluids, or is in an otherwise non-salable condition are not eligible for return or credit. Sterile merchandise must be returned in full-box quantities with packaging intact. Sterile products with broken seals, over labeling, special/custom devices and obsolete merchandise not listed in NMP's current price list are not returnable.

It is hereby certified that the above information is true and correct to the best of our knowledge. Unless otherwise stipulated, we agree that all sales are final after 30 days and agree to pay all bills as rendered according to the terms and conditions stated by Neurovision Medical Products, Inc.

Authorized Signature:	Date:
Name:	Title:

Internal Use Only

APPLICATION APPROVED BY

Account #:

NMP Authorized Signature:	Date:
Name:	Title: