

revised July 14, 2020 by crb

NEW CUSTOMER FORM - ONLY FAX if including credit card information

BILL TO AND ACCOUN	TS PAYABLE CONTACT INFORMATION - RE	QUIRED	
Type of Customer: Me	dical Veterinary Reseller	Distributor	
Practice/Customer			
Street Address		_ City	State Zip
Telephone #	Fax #		
Requested by	E-mail address		
A/P Contact	A/P Email address	A/F	Phone number
SHIP TO Is this a	residence? Yes No (we	do not ship to P.O. boxes)	
Practice/Customer			
Street Address		_ City	State Zip
Telephone #	E-mail address		
PAYMENT OPTIONS			
Please check one: VISA	M/C AMX Discover	EFT Check/Money	Net 30 (pre-approved)
CC #	Exp Date	SEC Code Signate	ure
SHIPPING OPTIONS			
Sontec ONLY ships via UP	S If you prefer on your UPS Account #		
Sontec can ship via FedEx	only if you provide your Account #		
ADDITIONAL COMMEN	TS:		
Sontec use only:			
Assigned Customer #			

With the completion and submittal of this form you are consenting to Sontec Instruments, Inc. to retain your personal and/or company's data in compliance with the GDPR regulation (EU) 2016/679