

# New Customer Application



<https://godistributionunlimited.com> | 1 480 999-9885

**Customer Name/Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Purchasing Prescription / Controlled Substances: (\*\* Provide copy of DEA CERT)**

Physician Name: \_\_\_\_\_ DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

**Shipping:**

Contact Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing: (\*\* Skip if same as Shipping)**

Contact Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tax Exempt?** [  ] No [  ] Yes #: \_\_\_\_\_ **(\*\* Provide copy of CERT)**

**Invoice Method:** [  ] Email [  ] Fax [  ] Mail

Contacts needing access to [dumedical.com](http://dumedical.com) to place orders:

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

**Authorized Representative (Printed Name/Title):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Submit via email:** [info@godistra.com](mailto:info@godistra.com) AND [accounts@dumedical.com](mailto:accounts@dumedical.com)

<b>Internal Use</b> Sales Rep: Account Type: Customer ID:
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