



Please complete form and fax, email or mail to:
P.O. Box 12900, Roanoke, VA 24022 • Email: emtech@emtech-labs.com
Fax: (540) 265-9165 • Phone: (800) 336-5719
www.emtech-labs.com

Attn: _____

For Emtech use ONLY:

Account # (to be assigned): _____ Date: ____ / ____ / ____

New Account Form

A. Shipping Address:

Company Name: _____

Attn: _____

Address: _____

City/State: _____

Zip (+4): _____ - _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

B. Billing Address:

Company Name: _____

Attn: _____

Address: _____

City/State: _____

Zip (+4): _____ - _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Will the invoice go to the same address as the earmold? YES NO

** if no, please fill out the Billing Address (Section B), above*

C. Billing Information:

1) Contact regarding invoices/billing: _____

2) Purchase Orders Required: YES NO

**if yes, Blanket or Individual:* _____

3) Contact regarding purchase orders: _____

Primary Method of Payment: Credit Card COD Check with Invoice or Statement

Email Address: _____

(Required for invoices and statements)

D. Contact Information:

1) Person Completing Form: _____

2) Owner of the Company (or Corp. Officer): _____

3) Contact regarding earmolds: _____

4) Number of offices affiliated with above: (please list address information on separate sheet)

The above information is correct. I have received a current statement explaining Emtech Labs remake policy, and shipping policy. I am aware that the terms are Net 30 and agree to pay within the terms. I agree to pay a 2% finance charge per month on any balance over 30 days from invoice date. I also agree to pay any court costs, attorney's fee and costs of collection the seller may incur in enforcing the terms of this agreement.

Signature

_____/_____/_____
Date