



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