



NEW ACCOUNT FORM

ACCOUNTS PAYABLE INFORMATION

Formal name of hospital/medical center: _____

Billing address: _____

Contact name for POs & title: _____

Phone: _____. _____. _____

Email: _____

Contact name for accounts payable: _____

Fax: _____. _____. _____

Email: _____

PLEASE EITHER FAX COMPLETED FORM TO 915.301.0834, OR EMAIL TO INFO@MET1TECH.COM.

