



Giving you answers.

New Account Form

BUSINESS INFORMATION			
Business Name (Legal Entity Name):			
Business Owner (full) Name:			
Business Address:	Street:		
	City:	State:	Zip:
Designated Shipping Address (if different):	Street:		
	City:	State:	Zip:
Phone:	() -	Email:	
Business website:			
DUNS#			
PRIMARY HEALTHCARE PROFESSIONAL'S INFORMATION			
HCP (full) Name:			
Professional Designation:			NPI#:
License State:	License#		
Payment Preference (check only one):			
<input type="checkbox"/> Credit Card# (not required now)		<input type="checkbox"/> COD, Certified Check, Wire Transfer	
Order Preference (check only one):			
<input type="checkbox"/> I want to place an order immediately Account will be created within 1-2 business days		<input type="checkbox"/> I want to place an order for in the future Account will be created within 7-10 business days	



Giving you answers.

New Account Form

By signing and submitting this form, I hereby consent to S7LLC. to open this account, and I certify, acknowledge, validate, and understand the following:

- (1) I have a valid medical license in the State(s)/Commonwealth(s) in which I practice;
- (2) I am qualified to order and administer prescription drugs, and/or medical devices;
- (3) I will be responsible for the administration of the device acquired from S7LLC the "Product(s)", means that only I or someone under my supervision that is medically-licensed by my State's/Commonwealth's authority to administer such Product(s) will be administering the Product(s);
- (4) I authorize shipment of the Product(s) to the location identified above as the "Designated Shipping Location";
- (5) The Designated Shipping Location is a secure location within my control, and no unauthorized persons, including, without limitation, patients and minors, have access to the Product(s) at such location;
- (6) I have made a good faith effort to complete this form in its entirety and the information that I have provided is, to the best of my knowledge, correct.
- (7) Payment is due at time of purchase using credit card, wire transfer or certified check. Orders will not be shipped until payment has cleared using this method. COD transaction are permitted with prior approval.
- (8) Government orders have priority to Product(s) and then orders are processed in order received.
- (9) Back Orders are accepted with full payment. Back Orders will be confirmed in writing via email.

ACKNOWLEDGED AND AGREED:

Signature:
Print Name:
Title:
Date:

For S7LLC Only:

Date Received: _____ ACC# _____