

Beaver-Visitec International, Inc.  
 411 Waverly Oaks Road  
 Waltham, MA 02452  
 Tel: (866) 906-8080  
 Fax: (866) 906-4304  
 Email: AccountSetupUS@beaver-visitec.com



## Customer Set Up – Credit Card Only

(Most accounts set up within 24 hours)

Corporate Information			
Corporate Name			
DBA/AKA (If different from company name)		Phone No. ( ) ( )	Fax No. ( ) ( )
Type of Business (Please check one) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Relationship to Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> N/A	
Federal Identification Number	D&B Number	Year Business Established	
<b>Tax Status – Mandatory for application approval</b> <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt Attach State Resale / Exemption Certificate for each ship-to location <b>(You will be taxed if this is not received)</b>			
Has the company ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Account Information			
Billing Address	City	State	Zip Code
Shipping Address - Attach separate sheet if multiple locations	City	State	Zip Code
A/P Contact	Phone:	Fax:	Email:
<b>Please list all GPO Affiliations</b>	<input type="checkbox"/> Premier <input type="checkbox"/> MedAssets <input type="checkbox"/> HPG <input type="checkbox"/> Amerinet <input type="checkbox"/> Other (please list)		

Type of Business								
<input type="checkbox"/> Hospital / ASC	<input type="checkbox"/> *Other Healthcare	<input type="checkbox"/> Distributor	<input type="checkbox"/> OEM	<input type="checkbox"/> Retail	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Government	<input type="checkbox"/> Research	<input type="checkbox"/> *Other Non-Healthcare
If other please specify:								

Sales information	
Initial order amount: \$	Estimated <u>annual</u> dollar volume of business with Beaver-Visitec: \$

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**The signing of this application does not guarantee the opening of your account. All fields must be completed in their entirety with all required attachments included or the application will be denied.**

**PLEASE RETURN TO BEAVER-VISITEC VIA FAX to (866)906-4304 or VIA EMAIL to**

**[AccountSetupUS@beaver-visitec.com](mailto:AccountSetupUS@beaver-visitec.com)**