



FOR OFFICE USE ONLY
Sales Rep: _____
Cust # _____

Acor Orthopaedic, LLC
 18530 South Miles Road
 Cleveland, OH 44128
 sales@acor.com
 P: 800-237-2267
 F: 800-830-8445

NEW CUSTOMER FORM

Sold To/ Bill To:

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Same as Billing

Ship To:

Company: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Sales Demographics:

How did you hear about Acor?

Interests:

AFO Materials
 Education/Info Accessories

Default Shipping Carrier:

UPS – Acct #: _____
 FedEx – Acct #: _____
 Best Way by Acor – *Prepaid*
 Other: _____

Purchasing/Accounts Payable Information

How would you like to receive order acknowledgement?

Fax Email
 Fax: _____
 Email: _____

Accounts Payable Contact:

Name: _____

Phone: _____ Fax: _____

Email: _____

How would you like to receive invoices?

Fax Email
 Fax: _____
 Email: _____

How would you like to receive statements?

Fax Email
 Fax: _____
 Email: _____

Default Shipping Method:

Please choose your default shipping method:

Standard Ground
 2 Day
 1 Day

Default Payment Method:

Please choose your default payment method:

Credit Card
 Open New Account
 Credit App Attached Credit App Sent Separately