



BIO MEDICAL RESOURCES

NEW ACCOUNT SET UP

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: () _____ FAX #: () _____

TAX ID #: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PRODUCT QUOTE REQUEST:

Quantity: _____ Product #: _____ Description: _____

Quantity: _____ Product #: _____ Description: _____

Quantity: _____ Product #: _____ Description: _____

EQUIPMENT QUOTE REQUEST:

Model #: _____ Description: _____

Model #: _____ Description: _____

Model #: _____ Description: _____



For questions, please contact Jamie at (800) 937-9988 or at sales@southernmedical.com

