



THE POWER OF THE BODY.
THE INNOVATION OF SCIENCE.®

New Account Setup Form

Facility Information		Network Name:	
Facility Name:			
Physician(s) Name:			
Shipping Contact:			
Shipping Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:			

Shipping Terms		
Charged to Facility		\$65 standard overnight, \$75 priority overnight, \$150 first overnight.
Ship on Facility FedEx account		Facility FedEx Acct #:

Inventory Status			
Consignment		Outright Purchase	

If Consignment:

Contact Name:	Contact Phone:
Contact Email:	Contact Fax:

Billing Information		
Billing (Accounts Payable) Contact:		
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Skye Sales Information	
Sales Representative:	Phone:

Rep name:

Please email onboarding information to Info@alternativepatientsolutions.com