# OHK Medical Devices Inc.

# New Customer Form (or send complete PO)

**Please return to orders@hemaclear.com**

| **Ship to Entity:** | Ex: Hospital Name | **Bill to :** | Ex: Hospital Name |
| --- | --- | --- | --- |
| **Address(1) :** |  | **Address(1) :** |  |
| **Address(2) :** |   | **Address(2) :** |   |
| **City :** |  | **City :** |  |
| **Zip :** |  | **Zip :** |  |
| **State :** |  | **State :** |  |
| **Country :** | United States  | **Country :** | United States  |
| **Contact person :** | regular buyer  | **Contact person :** | accounts payable contact  |
| **Phone :** |  | **Phone :** |   |
| **Fax :** |   | **Fax :** |   |
| **E-mail :** |  | **E-mail :** |  |
| **Suit/Department :** | Ex: Material Management Office  | **Suit/Department :** |  Accounts Payable |
| **Shipping Forwarder:** | Ex: FedEx | **Payment Terms :**  | Net 30 |
| **Account #:** |  |  |  |
| **Default service:** | Ground *unless otherwise specified* |  |  |
| **HPG member** | Yes / No |  |  |
| **Customer W-9 attached** | Yes / No |  |  |
| **In-Service** | Done – Date: |  | Pending – Date: |

***Please email all orders to*** ***orders@hemaclear.com*** ***or fax to 866-430-6132.***