



## Account Setup Form

Shipping Information		
Facility Name:		
Shipping Contact:		
Shipping Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Billing Information		
Billing (Accounts Payable) Contact:		
Billing Address (leave blank if same as above):		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Shipping Terms		
Charged to Facility		\$40 (5-9 units), \$45 (10-20 units), \$65 (21+ units)
Ship on Facility FedEx account		Facility FedEx Acct #:

Credit Card Payment Information							
Cardholder:	Card Type:	Visa	MC	Amex			
Card Number:	CVV:	Expiry Date:					
(If preferred, please call in your credit card information to Valston Medical Client Relations at 310-263-8790)							
Billing Address:							
City:	State:	Zip:					
Phone:	Fax:						
Email:							

Please send completed form to: (E) [orders@valstonmed.com](mailto:orders@valstonmed.com)