



# Wisconsin Biomedical Services, Inc.

## NEW CUSTOMER INFORMATION FORM

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of the Main Site Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What type of services does your business provide? \_\_\_\_\_

***Is the billing address the same as the physical address?*** YES  NO

If NO, please provide the billing address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***Accounting Information***

Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How would you like your invoices delivered?  Email  Mail

Provide an email address to send invoices to: \_\_\_\_\_

Do you require a purchase order prior to service?  YES  NO

If YES, do you require an estimate prior to service?  YES  NO

Method of Payment: \_\_\_\_\_

Is your company Tax Exempt?

If no, what county are you located in: \_\_\_\_\_

If yes, please provide Tax ID # \_\_\_\_\_

**\*Please also provide a copy of your Tax Exemption Certificate\***

Type of Business: - Corporation - Partnership - Individual

Provide the company's Federal ID # (FEIN) \_\_\_\_\_