

CUSTOMER PROFILE

| | |
|---|-------------------|
| Legal Business Name: | |
| Business Website: | |
| Main Contact Person: | Title: |
| Phone: | Email: |
| Accounting Contact: | Title: |
| Phone: | Email: |
| Purchasing Contact: | Title: |
| Phone: | Email: |
| Billing Address: | Shipping Address: |
| Order Method Preference (GHX, EMAIL, EDI, WEBORDER): | |
| Tax ID: | |
| Resale Certificate: | |
| GPO Affiliation: | |
| Product Interest and Volume: | |
| Years in Business: _____ 1. Type of Business <input type="checkbox"/> Distributor <input type="checkbox"/> Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____ 2. Size of your business? <input type="checkbox"/> Less than USD\$50,000 <input type="checkbox"/> USD\$50,000~1,000,000 <input type="checkbox"/> Over USD\$1,000,000 3. Annual Sales or revenue? <input type="checkbox"/> Less than USD\$200,000 <input type="checkbox"/> USD\$200,000~1,000,000 <input type="checkbox"/> Over USD\$1,000,000 4. Sales territories? Select all that apply <input type="checkbox"/> Europe (EU countries) <input type="checkbox"/> Europe (outside of Europe Union) <input type="checkbox"/> North America <input type="checkbox"/> Central and South Americas <input type="checkbox"/> Middle East <input type="checkbox"/> Asia <input type="checkbox"/> Africa <input type="checkbox"/> Specific sales market: _____ | |
| Bank Information: | |

| | |
|---------------|-------------|
| Account Name: | Bank Name: |
| A/C No.: | Swift Code: |

Sign by: _____

Date: _____