



Mercedes Scientific

New Customer Setup Form

Ship To:

Company Name _____

Attn: _____

Street Address _____

City, State, Zip _____

Bill To:

Company Name _____

Attn: _____

Street Address _____

City, State, Zip _____

Supply Contact

Name _____ Phone _____ Email _____

Accounts Payable Contact

Name _____ Phone _____ Email _____

Facility Type (ie Gastroenterology, Family Practice, Confirmation Lab, etc)

Delivery Can you receive a Pallet? ☐ Yes ☐ No

Please check all other options that apply: ☐ Liftgate ☐ Inside Delivery ☐ Limited Access ☐ Residential Address

Payment Options

☐ I would like to fill out a credit application and receive Net 30 Day Terms upon credit check.

☐ I would like to pay for all orders by credit card.

If you would like to keep a credit card on file please fill out information below or call our accounting department at **800.331.2716 x754** to add one to your account via phone.

☐ VISA ☐ MC ☐ AMEX ☐ DISC

Card # _____ EXP _____ CCV _____