Thomas Jane MEDICAL
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New Customer Form

Please note: the questions and details required below are for internal use at Thomas Jane Medical only and are treated strictly confidential. Thomas Jane Medical ensures that the data is for the mentioned use only.

General Information	
Facility Name	
Main Address:	
Street:	
City, State, ZIP:	
Contact Person-Administration	
Email:	
Phone:	
Shipping Address:	
Street:	
City, State, ZIP:	
Email contact for shipping information:	
Billing Address:	
Street:	
City, State, ZIP:	
Email address for electronic invoicing:	

Financial Information	
Tax ID Number:	
Tax Exemption:	____ Yes- please enclose Certificate of Exemption ____ No
GPO AFFILIATION?	____ Yes-Please specify which one _____ ____ No

_____

Date, Signature

Form can be emailed to: purchase@thomasjanemedical.com