THOMAS JANE
MEDICAL
INNOVATIVE SOLUTIONS IN ENT
Innovative. Focused. Dedicated to better outcomes.

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.

01 GENERAL INFORMATION

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

02 FINANCIAL INFORMATION

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

Signature	**Date**

Form can be emailed to: purchase@thomasjanemedical.com