



CUSTOMER PROFILE

CONTACT INFORMATION

Clinic Name

Email Address

Phone Number

Fax Number

Clinician or Contact #1

Clinician or Contact #2 *optional*

Clinician or Contact #3 *optional*

Clinician or Contact #4 *optional*

SHIPPING INFORMATION

Clinic Name

Address

State

Zip Code

BILLING INFORMATION

Clinic Name

Address

State

Zip Code

Credit Card Number

Expiration Date

Security Code

STEP 1

Complete contact information section.

STEP 2

Complete shipping information section.

STEP 3

Complete the billing information section if you will be paying by credit card upon completion of any work orders or fill out our *Credit Application* if you would like to be invoiced.

STEP 4

Complete the *Business Associate Agreement*.

STEP 5

Fax to 210-657-8105

or

Email to info@aodcfab.com

or

Mail with your first order.