Medline New Account Setup and Account Change Request Form

Master Company Information *(* required)*

Facility Name: *		**Phone: ***			
Contact Person: *		**Fax: ***			
Address: *		**Title:**			
PO Box (for billing):		**Dept:**			
City: *		**State: ***		**Zip: ***	

Account Type

Please identify sold-to, ship-to, bill-to, and payer information - if different from Master Company Information

Sold To: (who is buying the product/purchaser)	
Ship To: (where the product will deliver to)	
Bill To: (where invoices are sent)	
Payer: (where invoices are paid from)	

Account Setup

Please identify primary ordering method: (Please mark all that apply) Phone: ☐ **Fax:** ☐ **Internet:** ☐ **EDI:** ☐

Please select a format to receive automatic order confirmations. (Please select ONE format ONLY).

Auto-Fax confirmation:	*Fax number:*	
Auto-Email confirmation:	*Email address:*	

Facility Type

Please accurately identify your facility type. Facility type determines Sales Rep assignment. Inaccurate or incomplete information will delay Sales Rep assignment.

Assisted Living Center	☐	**Physician Office –** please enter the number of doctors in the facility	
Nursing Home	☐	**Dental Office –** please enter the number of dentists in the facility	
Hospital	☐	**Dialysis Center**	☐
Surgical Center ("Surgicenter")	☐	**Pharmacy**	☐
Home Health Agency	☐	**Distributor**	☐
Home Health Dealer	☐	**Laundry**	☐
Government	☐	**School**	☐
Other *(ex.: tattoo parlor, janitorial company):*			

NOTES:

Please email completed form to NewAccounts@medline.com or fax to 866-438-8234