

CUSTOMER CONTACT INFORMATION

ORGANIZATIONAL INFORMATION		
DME PROVIDER NAME:		
DBA (if different):		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
VGM MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
VGM # (if applicable):		

SALES ORDER ACKNOWLEDGMENT RECIPIENTS:		
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:

INVOICE RECIPIENTS:		
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:

SALES/MARKETING CONTACTS:		
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:

SHIPPING CONTACT:		
NAME:	TITLE:	
E-MAIL ADDRESS:		
OFFICE PHONE:	CELL PHONE:	FAX:
<i>Note: This contact will receive any notifications if there are issues with shipments driven by FedEx</i>		