

# Customer Addresses and Contact Information

**Customer Name:** \_\_\_\_\_

Primary Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 Postal/Zip Code: \_\_\_\_\_ Internet Homepage: \_\_\_\_\_

Check here if the above address is the received from, shipped to, and billed to address)

**Additional Addresses (complete only if applicable):**

|   |   |
|---|---|
| <b>Received From:</b> _____<br>Postal/Zip Code: _____<br>Phone: _____<br>Fax: _____ | <b>Ship To:</b> _____<br>Postal/Zip Code: _____<br>Phone: _____<br>Fax: _____         |
| <b>Bill To:</b> _____<br>Postal/Zip Code: _____<br>Phone: _____<br>Fax: _____       | <b>Other (Specify):</b> _____<br>Postal/Zip Code: _____<br>Phone: _____<br>Fax: _____ |

**Contact Information:**

| Contact           | Name | Title | Phone | Fax | Email |
|-------------------|------|-------|-------|-----|-------|
| Primary           |      |       |       |     |       |
| Quality           |      |       |       |     |       |
| Damage            |      |       |       |     |       |
| Count Discrepancy |      |       |       |     |       |
| Shipping          |      |       |       |     |       |
| Receiving         |      |       |       |     |       |
| Billing           |      |       |       |     |       |
| Scheduling        |      |       |       |     |       |

**Note:** The primary contact will be notified regarding planned down time and the quality contact will be notified regarding record disposition.

**Document Transmittal:**

|   |   |
|---|---|
| <p><b>Documents Required:</b></p> <input type="checkbox"/> Certificate of Processing<br><input type="checkbox"/> Dosimetry Record<br><input type="checkbox"/> Other (Specify): _____            | <p><b>Send Documents To:</b></p> Attention: _____<br>Fax #: _____<br>Email: _____<br>Address: _____ |
| <p>Method:</p> <input type="checkbox"/> Original with Shipment <input type="checkbox"/> E Mail<br><input type="checkbox"/> STERILINK <input type="checkbox"/> Mail <input type="checkbox"/> Fax |   |