

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):

Received From: _____ _____ Postal/Zip Code: _____ Phone: _____ Fax: _____	Ship To: _____ _____ Postal/Zip Code: _____ Phone: _____ Fax: _____
Bill To: _____ _____ Postal/Zip Code: _____ Phone: _____ Fax: _____	Other (Specify): _____ _____ Postal/Zip Code: _____ Phone: _____ 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:

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