

# 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> _____ Postal/Zip Code: _____ Phone: _____ Fax: _____	<b>Ship To:</b> _____ Postal/Zip Code: _____ Phone: _____ Fax: _____
<b>Bill To:</b> _____ Postal/Zip Code: _____ Phone: _____ Fax: _____	<b>Other (Specify):</b> _____ 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:**

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