

# NEW ACCOUNT FORM



## FACILITY / PRACTICE DEMOGRAPHICS

FACILITY NAME: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Office Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Admin Name: \_\_\_\_\_ Admin Email: \_\_\_\_\_

## ACCOUNTS PAYABLE INFORMATION

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## BILLING INFORMATION

Individual NPI: \_\_\_\_\_ Group NPI: \_\_\_\_\_

PTAN: \_\_\_\_\_

Claims Processor Contact Name: \_\_\_\_\_

Claims Processor Email: \_\_\_\_\_

Claims Processor Phone: \_\_\_\_\_

## TERMS & SALES AGREEMENT

**By its signature below to this application for credit, Applicant hereby agrees to the following terms and conditions of sale should BioCore Solutions LLC elect to extend such credit.**

1. Applicant shall pay for all items purchased and services rendered in accordance with the terms and conditions established by BioCore Solutions LLC. Absent any written agreement to the contrary signed by both Applicant and BioCore Solutions LLC, payments for all purchases are due **45 days** from date of invoice.
2. BioCore Solutions LLC reserves the right at all times to limit or terminate the extension of credit and to modify its terms of sale.
3. Applicant represents and warrants that all information provided in this application or otherwise submitted is true and correct and it being furnished for the purpose of obtaining/retaining credit from BioCore Solutions LLC.

Applicant represents and warrants that the information provided herein is true and correct. Applicant authorizes BioCore Solutions LLC to contact any source necessary to determine Applicants credit worthiness. Applicant represents and warrants that this application has been executed by its authorized representative.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Please Email Form To: [Info@biocoresolutions.us](mailto:Info@biocoresolutions.us)