



ABBOTT CARDIOVASCULAR – NEUROMODULATION CUSTOMER CREDIT APPLICATION

Instructions:

Email completed form to USD_CustomerMaster@abbott.com. The Customer Account Team will provide you with your account information within 5 business days.

***Indicates a Required Field**

***REQUEST TYPE**

- New Abbott Account
- New Ship-To Account (*Must Enter Bill-To Account Number)

Bill-To Account Number:

***SOLD-TO (LEGAL ENTITY)**

***SHIP-TO (Only Check if Name/Address is the same as Sold-To)**

Same as Sold-To

Name:

Name:

Doing Business As:

Street Address:

Street Address:

City:

City:

State: Country: Zip Code (Plus 4):

State: Country: Zip Code (Plus 4):

***BILL-TO (Only Check if Name/Address is the same as Sold-To)** Same as Sold-To

***PAYER (Only Check if Name/Address is the same as Sold-To)** Same as Sold-To

Name:

Name:

Street Address:

Street Address:

City:

City:

State: Country: Zip Code (Plus 4):

State: Country: Zip Code (Plus 4):

***CUSTOMER CLASS OF TRADE**

***PRODUCTS INTERESTED IN (Select all that apply)**

- Hospital
- Office Based Lab
- Ambulatory Surgery Center
- Other:
- Physician's Office
- Non-Healthcare Provider
- Clinical Trials

- Coronary
- Endovascular
- Structural Heart
- Electrophysiology / Heart Failure
- Cardiac Rhythm Management
- Neuromodulation

***CUSTOMER SPECIFICS**

Would you like to receive paper invoices?
 Yes No

Would you like to receive invoices via email?
 Yes No

Email for Invoicing: (If applicable)



ABBOTT CARDIOVASCULAR – NEUROMODULATION CUSTOMER CREDIT APPLICATION CONTINUED

Parent Company: Contact Name:

Street Address: Email:

Phone:

State: Country: Zip Code (Plus 4):

A/P Name: Purchasing Name:

Email: Email:

Phone: Phone:

* STATE AND FEDERAL TAX STATUS

Tax ID Number: Taxable Exempt (State Tax Exemption Certificate must be attached to application)

* CREDIT INFORMATION

PRIMARY BANK	CREDIT REFERENCES
Bank Name: <input type="text"/>	Name: <input type="text"/>
Full Address: (Street, City, State, Zip) <input type="text"/>	Full Address: (Street, City, State, Zip) <input type="text"/>
<input type="text"/>	<input type="text"/>
Contact Name: <input type="text"/>	Contact Name: <input type="text"/>
Account Number: <input type="text"/> Phone Number: <input type="text"/>	Account Number: <input type="text"/> Phone Number: <input type="text"/>

* CREDIT AGREEMENT / SIGNATURE

The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize Abbott to investigate the references listed pertaining to my/our credit and financial responsibility. Applicant(s) signature attests financial responsibility, ability and willingness to pay invoices in accordance with Abbott's terms. I / We understand that applicant(s) is liable for all legal and collection fees resulting from payment default. Abbott, at its sole discretion, may at any time cease further extensions of credit. Applicant(s) understand Abbott's terms of sale are subject to credit review.

Name of Authorized Representative: Date:

Signature of Authorized Representative: Email: