

New International Customer Information

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To be Completed by All Prospective Customers								
Form Completed By:	Telephone:				Email:		Date:	
acility Name: GLN (Global Location			n Nur	Number): Country:			I.	[] Distributor
								[] End User
Shipping Address:				Billing Address:				
City:				City:				
rate: Postal/Zip Code:			State:			Postal/Zip Code:		
Country:			Country:					
,				,				
Purchasing Contact: Title:			Email:					
Telephone:				Fax:				
·								
Accounts Payable Contact:				Email:				
						1		
Bank: Bank Contact:				Telephone:				
(1) Credit Reference:								
(2) G. Calle Meter Circle.								
(2) Credit Reference:								
(3) Credit Reference:								
For Key Surgical Use ONLY								
Customer Account Number:				Salesperson ID:			Territo	ry Number:
Estated D.			D . 5					
Entered By:			Date Entered:					
International Distributor Agreement Received:				Product Registration Received:				
[] Yes [] No Date:				[] Yes [] No Date:				
Language Requirements:								
Regulatory Approval:							Date:	
Note: Pegulaton, approval must be complete before orders can be shipped internationally.								
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Shipping: Key Surgical will ship UPS International unless a different method is specified and includes an account number.

Payments: Payment by wire transfer or credit card before shipment is required for the first 6 months. Upon approved credit, terms are Net 30 from date of invoice. We accept Visa, MasterCard and American Express

Easy Terms: Key Surgical has no standard minimum order requirements. Most items are always in stock and orders received by 4:30PM Central Standard time will ship the same day. With our no-risk return policy, you are free to try our products for 30 days and simply return them if you are not completely satisfied. Restrictions apply to sterile products and stainless steel items. All shipments are FOB Eden Prairie, MN, USA. Although our prices are subject to change without notice, we take pride in the fact that our prices are always competitive.

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