



105 Delta Drive
Pittsburgh, PA 15238-2805
Phone: 412.963.7380
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New Customer

Account Form

Thank you for your interest in our products. Please provide complete billing and shipping information below and include this form *with your first order*. Your order cannot be processed without this information.

Facility/Company: _____

Date: _____

Billing Information

Contact Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Zip _____

Phone _____ Ext. _____

Fax _____

Email _____

Tax Exempt? Yes No

If yes, please include a copy of your tax exempt form

Shipping/ End User Information

Contact Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Zip _____

Phone _____ Ext. _____

Fax _____

Email _____

Additional address notes to ensure timely delivery (i.e. floor, lab or department, mailstop)

For Cook MyoSite Use Only:

Acct No. _____

Date Assigned: _____

New Update