



# Account Approval

## Account Holder Information

Practice Name \_\_\_\_\_  
Doctor \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Practice Delivery Information

Delivery Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Delivery Method \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Practice Accounts Information

Accounts Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred Contact \_\_\_\_\_

## Office Use Only

Account opened by \_\_\_\_\_  
Special Notes \_\_\_\_\_  
Account number \_\_\_\_\_