KEYSURGICAL
a STERIS company

New International Customer Information

keysurgical.de

To be Completed by All Prospective Customers			
Form Completed By:	Telephone:	Email:	Date:
Legal Company Name:	GLN (Global Location Number):	VAT Number:	Country:
Shipping Address:		Billing Address:	
City:		City:	
State (optional):	Postal/Zip Code:	State (optional):	Postal/Zip Code:
Country:		Country:	
Purchasing Contact:	Title:	Email:	Telephone:
Accounts Payable Contact:	Title:	Email:	Telephone:
Business Contact:	Title:	Email:	Telephone:
Product Categories and Estimated Annual Sales:		Competitive Products:	

For Internal Use ONLY			
To be completed by Export			
Primary Warehouse: [ ] Key Surgical DE			
Agreement Type: [ ] Exclusive [ ] Standard [ ] EU Short Form		Distributor Agreement Received: [ ] Yes [ ] N/A Date:_____	
Customer Account #:	Credit Terms:	Salesperson ID:	Customer Class:
Incoterm:		Territory ID:	
Special Requirements:			
Entered By:		Date Entered:	
To be completed by Regulatory			
Product Registration Received: [ ] Yes [ ] No [ ] N/A Date:			
Regulatory Approval:			Date:
Export Final Approval:			Date: