



KEYSURGICAL®

## New Customer Information

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To be Completed by All Prospective Customers			
Form Completed By:		Main Telephone:	
Date:		Facility Name:	
		Health System:	
Shipping Address:		City:	State: Zip Code:
Billing Address:		City:	State: Zip Code:
Mailing Address:		City:	State: Zip Code:
GLN (Global Location Number):			
GPO:		GPO ID #:	
Preferred Method of Payment: <input type="checkbox"/> Purchase Order <input type="checkbox"/> Electronic Payment <input type="checkbox"/> Credit Card			
Purchasing Contact:		Telephone:	
Title:		Fax:	
Email:			
Accounts Payable Contact:		Telephone:	
Email:		Fax:	
Preferred Method for Invoices: <input type="checkbox"/> Email <input type="checkbox"/> Mail			
Taxable Entity: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please attach a copy of the state sales tax exemption certificate			
For Key Surgical Use ONLY			
Customer Account Number:			
Salesperson ID:		Territory Number:	
Entered By:		Date Entered:	

**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. Approved credit terms are Net 30 from date of invoice. We also accept Visa, MasterCard and American Express. Although our prices are subject to change without notice, we take pride in the fact that our prices are always competitive.