

New Facility Onboarding Form BILL TO SHIP TO Name: Name: **Purchasing** Contact: Contact: Address: Address: Address: Address: City: City: State: State: ZIP: ZIP: Country: Country: Tel: Tel: **Purchasing** ΑP E-mail: Please select the type of facility. ASC Hospital **Private Practice** Which GPO/IDN is this facility affiliated with? Vizient **Advent Health** USPI HealthTrust Purchasing Group (HPG) **Common Spirit** Premier Inc. IDN: Allina Other: PO/Credit Card Consignment Distributor E-mail: Please list the surgeon(s) intended to work with and their specialty: Surgeon Name: Surgeon Name: Surgeon Name: Surgeon Name: Is Induce Biologics set up as a vendor at this facility? All fee schedules are to be approved by Induce Biologics. Does the Distributor need a copy of the approved fee schedule? Yes (Please provide email) No *Please attach a blank copy of the facility's PO*

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