

Complete this form to add a new facility to the Induce Biologics Order Processing system. **All fields are mandatory.**  
**Please Note:** All new facility requests must be reviewed & approved by the respective Regional Manager & VP before any orders can be processed.

## FACILITY INFORMATION

Legal Business Name

Doing Business As

Website

Tax ID

### Mailing Address

Attn

Address

Address

City

State/Province  Zip/Postal Code

Country

Main Phone

### Shipping Address

Same as Mailing Address

Address

Address

City

State/Province  Zip/Postal Code

Country

Phone

### Billing Address

Same as Mailing Address

Same as Shipping Address

Address

Address

City

State/Province  Zip/Postal Code

Country

Phone:

### Facility Primary Contact Information

#### Consignment Inventory

Dept

Contact Name

Phone

Email

#### Purchasing Dept

Purchasing Name

Purchasing Email

Purchasing Phone

\*Please send in a copy of the Facility PO, either Blank or a Redacted copy preferred.  
 Note: If their PO Form contains the details requested on this Intake Form, just state, "See PO Copy"

#### Accounts Payable Dept

AP Name

AP Email

AP Phone

Invoice Delivery Email

## DISTRIBUTOR REP INFORMATION

Business Name

Principal  Phone

Email Address

List surgeons at this facility: (First & last names are required)

	First Name	Last Name
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

### Internal Use Only

Name	<input type="text"/>
Facility ID	<input type="text"/>
Date	<input type="text"/>
<b>Contract Review/Amendments</b>	
Facility	<input type="checkbox"/> On Contract <input type="checkbox"/> Add
Surgeon1	<input type="checkbox"/> On Contract <input type="checkbox"/> Add
Surgeon2	<input type="checkbox"/> On Contract <input type="checkbox"/> Add
Surgeon3	<input type="checkbox"/> On Contract <input type="checkbox"/> Add
Surgeon4	<input type="checkbox"/> On Contract <input type="checkbox"/> Add
Surgeon5	<input type="checkbox"/> On Contract <input type="checkbox"/> Add