PROLAB
ORTHOTICS
Evidence-Based Medicine

NEW CLIENT APPLICATION

Fax: 707.257.4420 or Email: cs@prolab-usa.com

CLIENT INFORMATION

Practice name _____

Practitioner _____ Discipline _____

Affiliated practitioners who will use this account _____

Shipping address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Practitioner's Email _____

Your email address is protected and used solely by ProLab

BILLING ADDRESS (if different from above)

Billing address _____

Attention _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Billing Dept. Email _____

BILLING INFORMATION

Do you require ProLab to list *Medical Record Numbers* on each order? ☐ Yes ☐ No

Will you provide a unique *Purchase Order Number* for each order? ☐ Yes ☐ No

Other special instructions _____

OTHER INFORMATION

Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Year Established _____

Officers or Partners _____

Tax Exempt ☐ No ☐ Yes (*If yes, California practitioners must attach a copy of resale certificate)*

CREDIT AGREEMENT

Terms of this account are net thirty (30) days from the date of the invoice. A service charge of 1.5% will be added to all past-due amounts (18% annum). Discounts will not be given on past-due accounts.

Complete the Credit Card Authorization Form to pay by credit card

Signature of Officer/Owner or Partner _____

Print Name and Title _____ Date _____

PROLAB ORTHOTICS
575 Airpark Road • Napa, CA 94558
Phone: 800.477.6522 • Fax: 707.257.4420
www.prolaborthotics.com