



Exclusive Supplier for



Komet Medical

NEW CUSTOMER SETUP

- 6602 Abercorn Street, Suite 200, Savannah, GA 31405
- (888) 463-5803 office • (888) 467-5582 fax

Please submit POs to: **ORDERS@ORTHO-CIRCLE.COM**

CUSTOMER INFORMATION

Customer Name _____

BILLING ADDRESS

SHIPPING ADDRESS

BILLING EMAIL

INVOICE DELIVERY PREFERENCE

☐ Email ☐ US Mail ☐ Both

CONTACT INFORMATION

	NAME	EMAIL	PHONE
Purchasing	_____	_____	_____
PO Confirmation	_____	_____	_____
Ship Confirmation	_____	_____	_____
Accounts Payable	_____	_____	_____
Other	_____	_____	_____

OTHER INFORMATION

How will purchase orders be delivered to OrthoCircle?

☐ Email ☐ Fax ☐ Phone

Will you accept partial shipments?

☐ Yes ☐ No ☐ N/A

SHIPPING PREFERENCE

☐ FedEx account no.: _____

☐ UPS account no.: _____

☐ OrthoCircle FedEx (billed to customer)

☐ OrthoCircle UPS (billed to customer)