



10214 N Tatum Blvd
 Suite B300A
 Phoenix, AZ 85028
 248-833-8338
 info@vzorb.com

New Account Form

Vzorb.com

<u>Business Legal Name:</u> 	<u>Office Phone:</u> <u>Fax:</u>
<u>Billing Address:</u> 	<u>Shipping Address:</u>
<u>Tax ID/FEIN #:</u> 	<u>Website:</u>
<u>Accounts Payable Contact Information:</u> Name: Title: Phone: Email:	<u>Business Type:</u> Corporation PLLC Partnership Sole Proprietorship Div/Sub of:
<u>Purchase Orders Required?:</u> Yes NO	<u>Tax Exempt?:</u> Yes NO
<u>Provider #1:</u> Physician #1: Specialty: NPI #: Pharma State / Number / Exp :	<u>Please Sign & Date*</u> Signature Print Name Date

**Please provide a copy of a voided check.*



***Please email completed form to info@vzorb.com**