

Corporate Office

8633 Schumacher Ln, Houston, TX 77063

Mailing Address

PO Box 630067, Houston, TX 77263-0067

Tel (713) 777-1155 **Fax** (713) 777-1450 info@dealmedical.com www.dealmedical.com

CUSTOMER APPLICATION FORM

Practice Name			Purchasi	Purchasing Contact Person			
Address			City	Stat	te	Zip	
Tel		Fax	Email		Web		
Physician Full Name			State Lid Number	ense (Please attached c	Expiration		
Practice Business Legal Name			Type of □ Corpo	Business ration □ Partners	ship ☐ Sole Propri	etor □ Other	
Specialty	y (Check all that correspo	ond)	Days/Ho	urs of Operation			
	Family Practice OB/GYM Pediatric General Surgery Plastic Surgery Other			Monday Tuesday Wednesday Thursday Friday Saturday			
How did	you hear about us?		Estimate	ed monthly purchase	(Check the appropris	ated box)	
00000	Catalog/Brochure Sales Rep Fax Referred by Friend/Col Yellow Pages/Phone B Other		0	\$0 / \$500 \$501 / \$1,500 \$1,501 / \$2,000 \$2,001 / \$3,000 \$3,001 +		. ,	
sales ar		3)777-1450 or mail docum) payable to DMS. We acc				revious credit authoriza	
·							
	Best Prices	Habiamos Español Hg/la	roud Same Day D	Best Service	Best Selection		
Prof	OFFICIAL USE ONLY file Setup Setup	State License Check	Authorization	Sys	stem Setup	Sales Rep	