Customer Contact Sheet

Customer to complete this section:

GENERAL INFORMATION *(Please N/A fields that are not applicable)*:

Company Name: *(All documentation must match exactly)* _____

Main Phone Number: _____

Shipping Address: _____

City, State, Zip Code: _____

Billing Address: *(if different from Shipping)* _____

City, State, Zip Code: _____

Website Address: _____

Shipping Account # & Service: *(FedEx, UPS, etc./Overnight, Ground)* _____

DEA #: *(If applicable, include products)* _____

CONTACT INFORMATION:

Main ☐ *Provide NetSuite Login Access*

Name: _____ Title: _____

Phone: _____ Email: _____

Receiving/Shipping ☐ *Provide NetSuite Login Access*

Name: _____ Title: _____

Phone: _____ Email: _____

Quality ☐ *Provide NetSuite Login Access*

Name: _____ Title: _____

Phone: _____ Email: _____

Billing ☐ *Provide NetSuite Login Access*

Name: _____ Title: _____

Phone: _____ Email: _____

Additional ☐ *Provide NetSuite Login Access*

(if necessary) Specify Department or Role: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Please contact Steri-Tek immediately if any of the above information changes.
Please send completed forms to Quality@steri-tek.com

Steri-Tek to complete this section:

Database Entry: *(Initial & Date)* _____ MFP Verified: *(Initial & Date)* _____

DEA # Checked by: *(Initial & Date)* _____ Customer Code: _____