



Customer Login Account Set up

Today's Date: _____

Client Name/Company Name: _____

Contact person

Name: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

Address: _____

Billing Contact (If different than above)

Name: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

Address: _____

Shipping Contact (If different than Contact person)

Name: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

Address: _____

Account Type (circle one):

Doctor Office

Research

DOT/NonDOT

Facility (Type)

Other _____

Reporting Method:

Fax Number _____ Email Address _____

Web Reporting: Username _____ Password _____

Assigned ID

Return fax to 314-584-2205 or scan/email to info@mybloominghealth.com Subject must read
Customer Login Account Set up