

Please submit completed form via e-mail to [acctrec@centurionmp.com](mailto:acctrec@centurionmp.com) or fax to 517.546.9388, and allow up to 24 hours for processing.

# New Account Set-Up Form

## PRIMARY INFORMATION

Business Name:  Business Phone:

Primary Street Address (no P.O. Boxes):

Secondary Street Address:

City:  State/Province:  Zip/Postal Code:  Country:

Centurion is an integrated supplier with GHX. Would you like to be contacted for onboarding?  Yes  No

## CONTACT INFORMATION

First Name:  Last Name:

Phone Number:  Fax Number:

E-mail Address:

Centurion Sales Rep (or other contact):  DNBI #:

Product(s) to be Purchased:  Requested Credit Limit:

## BILLING INFORMATION Please select one of the options below.

Sales Tax Status:  Taxable  Non-Taxable (Please attach Exemption Certificate)

E-mail Invoice E-mail Address:

EDI EDI Contact E-mail Address:

## BILLING ADDRESS Same as Primary Address Same as Shipping Address

Business Name:  Care of Name:

Street Address:

Secondary Street Address:

City:  State/Province:  Zip/Postal Code:  Country:

## SHIPPING ADDRESS Same as Primary Address

Business Name:  Care of Name:

Street Address (no P.O. Boxes):

Secondary Street Address:

City:  State/Province:  Zip/Postal Code:  Country: