

Please submit completed form via e-mail to 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: