



# New Account Setup Packet





Phone: 1-866-968-6352  
Fax: 1-866-968-6353  
Website: www.woundkair.com  
Email: customerservice@woundkair.com

## NEW ACCOUNT SET UP SHEET

### BILL TO INFORMATION:

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County (this facility is located within): \_\_\_\_\_

### SHIP TO INFORMATION: (If Same, please indicate by writing "SAME")

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CONTACT INFORMATION:

Main Telephone Number: \_\_\_\_\_ Main Fax Number: \_\_\_\_\_

Order Desk Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### TAX EXEMPT STATUS:

Is your Facility Tax Exempt? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, please attach a copy of tax-exempt certificate to the application. Orders cannot be placed without tax-exempt certificate on file.

### SIGNATURE:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Once complete please fax to ATTN: Accounting Department at 1-866-968-6353**



## **WoundKair Concepts Company Information**

### **Corporate Remit to Address:**

WoundKair Concepts, Inc  
P.O. Box 1038  
Aledo, TX 76008-1038 Tax ID# 20-1455903

### **How to order:**

Fax Order Line: 866-968-6353

*(Please Note: We require a copy of your Purchase Order to be faxed into our office at the number above. All orders faxed in after 3:00pm CST are subject to next day shipping.)*

### **How to contact Customer Service:**

Main Number: 866-968-6352  
Email: [customerservice@woundkair.com](mailto:customerservice@woundkair.com)

### **Net Terms: 30 Days**

Please complete the attached Account Set Up Sheet and Return to:  
ATTN: Accounting Department at Fax #: 866-968-6353.

Thank you for your business!



**WoundKair Concepts, Inc.**  
 P.O. Box 1038, Aledo, TX 76008-1038  
 Tax ID# 20-1455903  
 (P) 866-968-6352 (F) 866-968-6353  
 customerservice@woundkair.com

## Order Form

**True3 Digital Mattress Systems with Tri-Phasic Technology**      [www.true3digital.com](http://www.true3digital.com)

To place an order: Please fax this completed form to 866-968-6353 or call 866-968-6352      ( Required Info \* )

- \* Order Date: \_\_\_\_\_ \* PO #: \_\_\_\_\_ \* Contact Phone: \_\_\_\_\_  
 \* Name of Customer: \_\_\_\_\_ \* Contact Name: \_\_\_\_\_  
 \* Shipping Address: \_\_\_\_\_  
 \* City, State, & Zip: \_\_\_\_\_ \* Contact Email: \_\_\_\_\_

<u>Order</u>	<u>Item Number</u>	<u>Product Description</u>	<u>Qty</u>
<u>STANDARD FULL MATTRESS REPLACEMENT SYSTEMS</u>			
_____	TTMS-3000	True3 Digital Mattress System-Standard	1 ea.
_____	COVTTD-S	True3 Digital Replacement Mattress Cover-Standard	1 ea.
_____	PUMPTTD-S	True3 Digital Replacement Pump-Standard	1 ea.
_____	MATTTTD-S	True3 Digital Replacement Mattress- Standard	1 ea.
<u>BARIATRIC FULL MATTRESS REPLACEMENT SYSTEMS</u>			
_____	TTDE-3030	True3 Digital EXTRA Mattress System-Bariatric	1 ea.
_____	COVTTD-B	True3 Digital Replacement Mattress Cover- Bariatric	1 ea.
_____	PUMPTTD-B	True3 Digital Replacement Pump- Bariatric	1 ea.
_____	MATTTTD-B	True3 Digital Replacement Mattress- Bariatric	1 ea.
_____	EXTWTTD	True3 Digital System Extended Warranty (addt'l 24 mo.)	1 ea.

### Shipping Preferences (Please select your shipping preference below)

- \_\_\_\_\_ Fedex Standard Ground Shipping      (3 to 5 business days)  
 \_\_\_\_\_ Fedex Express Shipping 2<sup>nd</sup> day      (2 business days)  
 \_\_\_\_\_ Fedex Express Shipping Overnight      (Next day morning delivery)  
 \_\_\_\_\_ Fedex Express Shipping Overnight      (Next day afternoon delivery)  
 \_\_\_\_\_ Fedex Express Shipping Overnight      (Next day morning/Saturday delivery)

If a shipping preference is not selected prior to faxing or calling order, your order will automatically ship Fedex Standard Ground.  
 All standard and expedited shipping preferences will be charged to the customer.

**Thank you for your choosing WoundKair Concepts, we appreciate your business!**

# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing at [kanderson@woundkair.com](mailto:kanderson@woundkair.com). This authorization will remain in effect until notified otherwise by email.

<b>Credit Card Information</b>				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____				
Billing Address Associated with this Credit Card: _____				
City: _____ State: _____ Zip Code: _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
CVV Number (Visa, Mastercard, Discover- 3 Digit Numeric Number): _____ <b>Number found on back of Credit Card</b>				
CVV Number (American Express- 4 Digit Numeric Number): _____ <b>Number found on front of Credit Card</b>				

By signing this authorization, I, \_\_\_\_\_, authorize WoundKair Concepts, Inc. to charge my above credit card. I understand that my information will be saved & protected to file for future transactions on my account that exceed the 30-day net terms as well as any monthly reoccurring supply orders you wish to have billed to this card.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date