Government Agency/Accounts:



U.S. Federal or State Government account,

inclusive or U.S. Federal Government Military, VA Medical Centers and Federal Agencies performing physical care/training authorized for procurement under GSA (Government Services Administration) orders may be recognized by the company for direct purchases. State agencies may also qualify.

Payment is via credit card at time of shipment, or as procured under a GSA order. Government accounts may contact MD Systems via on-line Registration or written request for consideration.

| Registration or written request for consideration. |
|-------------------------------------------------------------------|
| Government Agency, Department or Classification Registration Form |

- *Purchasing Agent Name
- *Email
- *Phone # and Extension
- *Department Supervisor Name
- *Email
- *Phone # and Extension

Government Agency, Department or Classification

- *Agency Name
- *Department Name
- *Building, Suite, Office
- *Shipping Address
- *Street Address

Address line 2

- *City
- *State
- *Postal / Zip Code
- *Country
- *Office Phone plus Extension

Mailing Address

Street Address

Address line 2

City

| State | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|
| Postal / Zip Code | | |
| Country * | | |
| Check all that apply for product use: | | |
| [] Research []Physical Medicine (PT, OT, Rehab) [] FCE (Functional Capability Evaluation) [] Prosthetics []Cardiology []Neurology []Education []Medical Practice (Prognostic, Rehab) []Clinical Care []Assisted Care []Therapy []Training []Other, Describe in detail below | | |
| *Check all Practitioner Types using product: | | |
| [] MD [] DO []RN []PT [] OT [] PhD [] Physiologist []Technician []Research Specialist []Technical Training []Other, explain below | | |
| *Check Institution or Organization Type purchasing product | | |
| [] Hospital []Regional Care Facility []Out Patient Clinic []Private Practice | | |
| *Website of organization | | |
| *Institution or Organization Size: (number of employees) | | |
| []1-9 []10-49 []50-99 []100-499 []500+ | | |
| Payment Method: Note, Card # information may be provided via telephone | | |
| Credit Care Type: | *Billing Address | |
| MasterCard Visa Discover | *Street Address | |
| Card information | Address line 2 | |
| Holder Name | *City | |
| Agency Name | *State | |
| Department Name | *Postal / Zip Code | |
| | *Country | |
| | | |

Please print form, complete and email to sales@mdsystems.com or mail to P.O.Box 1647, Westerville, OH 43086, USA.

Thank you,

