



Kevin[®] Orthotics

a **Foot in Motion[®]** laboratory

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NEW ACCOUNT APPLICATION

BILLING INFORMATION

Company Name:	<input type="text"/>	Doctor(s):	<input type="text"/>				
Federal Tax ID:	<input type="text"/>	Resale Permit #:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Accounts Payable Contact:	<input type="text"/>						
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>		
Authorized Buyer Contact:	<input type="text"/>						
Telephone:	<input type="text"/>	Fax:	<input type="text"/>	Email:	<input type="text"/>		

CREDIT CARD ON FILE REQUEST *I authorize Foot In Motion to automatically charge the card below.*

Card Number:	<input type="text"/>	Expiration:	<input type="text"/>	Security Code:	<input type="text"/>		
Cardholder Name:	<input type="text"/>	Telephone:	<input type="text"/>				
Billing Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Authorized Signature:	<input type="text"/>	Date:	<input type="text"/>				
Title:	<input type="text"/>						

SHIPPING LOCATION

Company Name:	<input type="text"/>	Attention:	<input type="text"/>				
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>				

**Please attach document with additional locations*

COMPANY OWNER/ PRESIDENT

Name:	<input type="text"/>						
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>				

BANKING INFORMATION

Bank Name:	<input type="text"/>	Account #:	<input type="text"/>				
Officer:	<input type="text"/>						
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>				

FOR OFFICE USE

Account #:	<input type="text"/>	Date Open:	<input type="text"/>	Sales Person:	<input type="text"/>
Anticipated Order Amount:	<input type="text"/>	Terms:	<input type="text"/>		