



Medical Logistic Solutions New Account Set Up Information

Business Name _____ Billing Contact _____
Contact _____ Billing Address _____
Phone # _____ City _____ St ___ Zip _____
Alt Phone # _____ Phone # _____
Fax # _____ Fax # _____
Email _____
Pick Up/Delivery Address (If different than billing)

***Our invoices are sent electronically the first business day of each month. Please provide the appropriate email address for your billing dept.**

Email Address: _____

User ID _____ and Password _____ (at least 5 characters) for web ordering. Check out our website at www.nglog.com/mls

Vendor References:

Name Phone # Length of Business Relationship

1. _____

2. _____

Please fill out and email back to us at couriersales@nglog.com

Thankyou for choosingMLS.We look forward to serving you!

320 Interlocken Pkwy. Ste 100. Broomfield CO 80021

Phone: (208) 378-7500 Fax (208) 378-7503