



## 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](http://www.nglog.com/mls)

Vendor References:

Name Phone # Length of Business Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please fill out and FAX back to us at 208-378-7503 OR EMAIL to [Kcullen@nglog.com](mailto:Kcullen@nglog.com)**

Thank you for choosing MLS. We look forward to serving you!

*320 Interlocken Pkwy. Ste 100. Broomfield CO 80021  
Phone: (208) 378-7500 Fax (208) 378-7503*