



Customer Profile

► Customer Information

Billing Address:	Shipping Address	<input type="checkbox"/> Same as Billing
Name: _____	Name: _____	
Office Name: _____	Office Name: _____	
Address: _____	Address: _____	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____	
Telephone #: _____ Fax#: _____	Telephone #: _____ Fax#: _____	
E-Mail: _____	E-Mail: _____	

Current Mohawk Medical Mall.com Username (If you have one) _____

► Payment Terms

Credit card payment is required for all purchases. An approval in the amount of the order total will be initiated upon processing all orders. The approval will converted into an actual charge on the credit card upon order shipment.

Choose Credit Card Type: Visa Master Card Discover American Express

Card Number: _____	Name on Card: _____
Expiration Date: _____	Billing Address of Card: _____
CVV Number of Card: _____	City: _____ State: _____ Zip: _____

► Physician Use Only Products

In order to purchase "Physician Use Only" products, we must have a Physician's License on file. In addition, this form must be completed with the signature of the license holder and returned to Mohawk Medical Mall with a copy of the DEA, State license, or both. We will only ship within the state of the Physician's license. We must also have an authorization signed by the Physician if someone besides the physician is purchasing the "Physician Use Only" products.

Individual(s) Authorized to Purchase: _____

Choose One: <input type="checkbox"/> DEA Registration Number	<input type="checkbox"/> State License Number
*Copy Required	*Copy Required
# _____ Exp. Date _____	# _____ Exp. Date _____

► Please Sign Here

I hereby authorize the above designated individual(s) to purchase Physician Only Products. I hereby authorize Mohawk Medical Mall to charge my credit card as indicated above. I fully understand Mohawk Medical Mall's Payment Terms and Physician Use Only Policy and certify that all the information on this form is correct.

Physician's Signature: _____

Please Print Name: _____ Date: _____