

Medline Customer Interest Form

*If you are interested in receiving additional information about Medline products and services,
please complete the form below or call: 1-800-Medline (1-800-633-5463).*

Facility Information

Facility Name:

Facility Street Address:

City

State

ZIP

Is the above address the same address that invoices are sent to? **YES** **NO**

If not, please provide:

Billing Street Address/PO Box

City

State

ZIP

What type of facility are you representing?

¹ *If you selected International Distributor, please indicate what country(ies) you ship to:*

² *If you selected OTHER as a facility type, please specify what type of facility you are:*

Contact Information

Contact Name:

Contact Phone Number:

Contact Fax Number:

Contact E-Mail Address:

What are your interests?

Are you working with a Medline Sales Rep? **YES** **NO**

If so, Who?

Please email completed form to NewAccounts@Medline.com.

If you do not hear from us within 24 hours, please call 1-800-Medline (800-633-5463) for assistance.