



look no wire™

by acrobat bra

www.surgicalbra.com / email sales@surgicalbra.com

Look No Wire™ Surgical Bra Customer Account Application

Facility name		Tax-exempt i.d. number if applicable attach a copy of certificate	
Doctor's name		Medical license number	
Business mailing address (no., street, city, state, zip code)			
Name of individual to receive invoices and monthly statements			
Business phone ()		Fax number ()	E-Mail Address
Shipping address (no., street, city, state, zip code)			
Name of purchasing contact and phone number ()			Business hours (hours, days)
Type of business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary of _____			State
			Years in business
Payment Information Credit card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express			
Card Number		Expiration date	
Name on Card		Signature	
Address		Tel	

The undersigned Facility/Doctor requests that an account with Look No Wire be opened on behalf of Facility/Doctor. The undersigned Facility/Doctor by its authorized officer certifies that all of the information provided above is true and correct.

Signature of Physician/Owner/Administrator

Date

Print Name of Physician/Owner/Administrator

Title

Applications are processed within seven business days of submission.

How did you find out about us? <input type="checkbox"/> Advertising/Direct Mail <input type="checkbox"/> Internet <input type="checkbox"/> Referral - name: _____

**Please fax this form to : 1-866-671-6241 or mail to:
Look No Wire™ Surgical Bra Distribution Center • 220 Technology Drive West Suite 120,
Irvine, CA 92618**