



BUSINESS REGISTRATION FORM

PHONE: 888.495.7440 FAX: 201.880.7799

EMAIL: info@discdiseasesolutions.com WEB: www.ddsmed.com

Please complete all information below.

COMPLETE FORM AND RETURN VIA FAX OR EMAIL

COMPANY NAME: _____
MAIN CONTACT: _____
TITLE: _____ DEPARTMENT: _____
TELEPHONE: _____ ALT. PHONE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
COMPANY WEBSITE: _____
1099 Account Yes _____ No _____ Resale Tax I.D. : _____

SHIPPING INFORMATION (If Different from above)	
COMPANY NAME: _____	TELEPHONE: _____
CONTACT NAME: _____	
STREET ADDRESS: _____	EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____	COUNTRY: _____

A/P CONTACT INFORMATION	
NAME: _____	TELEPHONE: _____
EMAIL: _____	