

350 5th Avenue, Suite 7120, New York, N.Y. 10118  
 Phone: 212-244-0555 Fax: 212-330-8536

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## PHYSICIAN / CLINIC ACCOUNT AND CREDIT APPLICATION

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Dear Physician:

In order to open an account and order anonymous donor insemination units, you must complete and return this information to IDANT. **This form applies only if you will be paying the charges.** You may mail or fax this information to the laboratory. Our Accounting Department will contact you the following business day after we received your application and provide you with an account number.

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### PHYSICIAN / CLINIC INFORMATION

Physician/Clinic Name			
Address			
City/State/Zip Code			
Telephone Number		Fax Number	
*Physician / Clinic License Number	*A copy of your license must be provided with this form.		
Physician's Signature			

(Please complete if shipping address is different from the above address):

Shipping Address			
City/State/Zip Code			
Telephone Number		Fax Number	

### REFERENCES:

Reference #1

Company Name			
Address			
City/State/Zip Code			
Telephone Number		Fax Number	
Contact Person			

Reference #2

<b>Company Name</b>			
<b>Address</b>			
<b>City/State/Zip Code</b>			
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Contact Person</b>			

Reference #3

<b>Company Name</b>			
<b>Address</b>			
<b>City/State/Zip Code</b>			
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Contact Person</b>			

Bank Information

<b>Name</b>			
<b>Account Number</b>			
<b>Address</b>			
<b>City/State/Zip Code</b>			
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Contact Person</b>			

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**FOR IDANT ACCOUNTING DEPARTMENT USE ONLY**

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Date Received

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Account Number

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Issued By

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Date Issued

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