

**PLEASE COMPLETE FORM AND SUBMIT WITH FIRST ORTHOTIC/BRACE ORDER**

## **Shipping & Billing Information**

**The following information is required of all new accounts**

Office Name \_\_\_\_\_

Billing Contact \_\_\_\_\_

Practitioner's Name \_\_\_\_\_

\_\_\_\_\_  
(Please enter each practitioner that will use our service)

Billing Address \_\_\_\_\_

(As you want it  
on your statement) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Shipping Address \_\_\_\_\_

(If Different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature Custom Orthotics**  
**2610 Harneck Rd. Applegate, MI 48401**  
**Ph: 303.238.8443 Fax 303.238.8722**