



# CONSORTIA

## SURGICAL SERVICES



## New Customer Set-Up Form

Please complete this fillable PDF form to set up your facility with CSS. Please save and e-mail completed form to [SUPPORT@ConsortiaSurgical.com](mailto:SUPPORT@ConsortiaSurgical.com)

Find out more about the CSS process, info on what you and your team can expect next, please click here: [MORE INFO](#)

### GENERAL INFORMATION

---

Facility Name \*

Primary Facility Address \*

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

## Primary Contact \*

First Name

Last Name

Title

Phone \*

(###)

###

####

Does this phone number accept Text Messages?

YES

NO

Email Address \*

Notes/Comments \*

Your Team

Please list any/all additional staff and team members you currently have involved with maintaining equipment repair, maintenance, and inventory:

## BILLING INFORMATION

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Is Billing Address same as above? \*

If Yes, please continue below.

If No, please complete Billing Address information where all invoices and statements are to be delivered

YES

NO

Customer Name \*

Billing Address

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Accounts Payable Contact \*

First Name

Last Name

Title

Phone \*

(###)

###

####

Email \*

## Preferred Billing Options \*

Please indicate how you would like to receive your CSS Invoices and Account Statements

E-Mail

Fax

USPS Mail

## Notes/Comments



## SHIPPING INFORMATION

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### Is Shipping Address same as Primary Address above?

If Yes, please continue below.

If No, please indicate where all return shipments are to be delivered

YES

NO

## Delivery Address

Please indicate the address location for all deliveries and return shipments

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

## Contact Person

Indicate the person responsible for receiving deliveries

First Name

Last Name

## Recipient Contact Phone Number

Please indicate the best contact number for the delivery contact person.

(###)

###

####

## Recipient E-Mail

Please indicate the best e-mail for delivery contact person

## Preferred Shipping Carrier \*

Please indicate your preferred Shipping Carrier for all shipments/deliveries

Federal Express

UPS

Other

## Preferred Shipping Account Number

To prevent shipment delays, please indicate your Preferred Shipping Carrier Account number. This will be used for all shipments to your facility.

## Secondary Shipping Carrier

If applicable, please indicate your preferred secondary shipping carrier in the event your preferred carrier is not available.

Federal Express

UPS

OTHER

## Secondary Shipping Account Number

## Shipment Option

Please indicate how you would like your return shipments delivered:

Standard Overnight Service(Afternoon Delivery)

Priority Overnight Services(Morning Delivery)

2 Day Service

3 Day Service

Ground Service

## Notes/Comments

Once you have completed this fillable PDF Form, please save a copy for your records and send an e-mail copy to:

[SUPPORT@CONSORTIASURGICAL.COM](mailto:SUPPORT@CONSORTIASURGICAL.COM)

Please expect to receive a confirmation within 24hrs upon receiving your completed form that your CSS Customer Account has been successfully set-up. You will also be contacted by a CSS representative to review and discuss next steps in getting you and your team started with receiving CSS Services. Thank You!

844- 394-8900

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