MILE HIGH
ORTHOTICS LAB, INC.

4970 MONACO ST. UNIT A, COMMERECE CITY, CO 80022 • PHONE: 303-289-1534 • FAX: 303-288-3687

CLIENT INFORMATION SHEET

OFFICE NAME _____

DOCTOR'S NAME _____

BILLING CONTACT _____ **Email Address:** _____

BILLING ADDRESS _____

_____

SHIPPING ADDRESS _____

_____

PHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

All accounts that are paid in full by the 10th of the following month shall receive a 5% discount on amount due. Discount will be applied to current months balance and taken off by Mile High Orthotics Lab. Discounts will only apply to accounts that are kept current monthly.

I have read the above information and understand and agree with the terms.

Authorized personnel name _____

Authorized signature _____

Date _____

Sales Representative _____