



CLIENT INFORMATION SHEET

OFFICE NAME: _____

DOCTOR'S NAME(S): _____

BILLING CONTACT: _____

BILLING PHONE NUMBER: _____

BILLING EMAIL ADDRESS: _____

SHIPPING ADDRESS: _____

CLINIC PHONE NUMBER: _____

CLINIC EMAIL ADDRESS: _____

CLINIC FAX NUMBER: _____

CLINIC WEBSITE: _____

All Orthotic accounts are Net 30 from date of invoice

All accounts paid in full by the 10th of the following month shall receive a 5% discount on payment amount when payment brings monthly statement to a zero balance. Discount will be applied to following month's balance as a credit and applied to account by Mile High Orthotics Lab. Discounts will only apply to accounts that are kept current monthly. Mile High Orthotics Lab reserves the right to collect on accounts that have become 45+ days past due via any payment methods on record. This discount does not apply to past due or government set rate accounts.

All AFO/Brace Accounts are Net 15 from date of invoice.

Mile High Orthotics Lab reserves the right to collect on accounts that have become 30+ days past due via any payment methods on record.

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

Authorized Personnel Name: _____

Authorized Signature: _____

Date: _____

Sales Representative: _____

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Commerce City, Colorado 80022
Phone: (866) 710-4880 or (303) 289-1534
Fax (303) 288-3687