

## New Customer Form

The information below is required to establish a New Customer Account with Femasys® Inc. Once we receive this completed form, customer service will create your account and advise you of your customer account number.

### Customer Shipping Information

|                        |                      |                          |                      |              |                      |         |                      |
|------------------------|----------------------|--------------------------|----------------------|--------------|----------------------|---------|----------------------|
| Practice Name          | <input type="text"/> |                          |                      |              |                      |         |                      |
| Primary Physician Name | <input type="text"/> |                          |                      |              |                      |         |                      |
| Contact Name           | <input type="text"/> | Medical License # or NPI | <input type="text"/> |              |                      |         |                      |
| Street Address         | <input type="text"/> |                          |                      |              |                      |         |                      |
| Street Address 2       | <input type="text"/> |                          |                      |              |                      |         |                      |
| City                   | <input type="text"/> | State                    | <input type="text"/> | Zip Code     | <input type="text"/> | Country | <input type="text"/> |
| Phone                  | <input type="text"/> | Fax                      | <input type="text"/> | FedEx Acct # | <input type="text"/> |         |                      |

### Practice Information

|  |  |
|--|--|
| <p><b>Specialty:</b> (Select all that apply)</p> <p><input type="radio"/> Obstetrics and Gynecology    <input type="radio"/> Reproductive Endocrinology and Infertility</p> <p><input type="radio"/> Gynecologic Oncology    <input type="radio"/> Minimally Invasive Gynecologic Surgery</p> <p><input type="radio"/> Complex Family Planning</p> | <p><b>Practice Location:</b> (Select all that apply)</p> <p><input type="radio"/> Office</p> <p><input type="radio"/> Outpatient surgical center</p> <p><input type="radio"/> Hospital</p> |
|--|--|

### Additional Shipping Address (if more than one location)

|                  |                      |       |                      |          |                      |         |                      |
|------------------|----------------------|-------|----------------------|----------|----------------------|---------|----------------------|
| Location Name    | <input type="text"/> |       |                      |          |                      |         |                      |
| Contact Name     | <input type="text"/> |       |                      |          |                      |         |                      |
| Street Address   | <input type="text"/> |       |                      |          |                      |         |                      |
| Street Address 2 | <input type="text"/> |       |                      |          |                      |         |                      |
| City             | <input type="text"/> | State | <input type="text"/> | Zip Code | <input type="text"/> | Country | <input type="text"/> |
| Phone            | <input type="text"/> | Fax   | <input type="text"/> |          |                      |         |                      |

### Shipping Terms

Standard shipping terms apply for all orders placed within the 48 contiguous United States. Femasys' products are shipped F.O.B. shipping point via FedEx Ground unless expedited shipping is requested by the customer at time of the order. The customer is responsible for shipping costs, which is reflected on the invoice for the order. Femasys offers the option of shipping via the customer's FedEx account if account information is provided at time of the order. Ownership of the product(s) passes to the customer once the products are shipped from our warehouse in Suwanee, Georgia.

**Purchasing Contact Information**

|       |  |     |  |
|-------|--|-----|--|
| Name  | <input style="width: 100%;" type="text"/>  |     |  |
| Title | <input style="width: 100%;" type="text"/>  |     |  |
| Phone | <input style="width: 150px;" type="text"/> | Fax | <input style="width: 150px;" type="text"/> |
|       | Email Shipping Confirmation To             |     | <input style="width: 200px;" type="text"/> |

**Accounts Payable Contact Information**

|          |  |                  |  |
|----------|--|------------------|--|
| Name     | <input style="width: 100%;" type="text"/>  |                  |  |
| Title    | <input style="width: 100%;" type="text"/>  |                  |  |
| Phone    | <input style="width: 150px;" type="text"/> | Email Invoice To | <input style="width: 200px;" type="text"/> |
| Tax ID # | <input style="width: 100%;" type="text"/>  |                  |  |

**Bill To Address (if different than shipping)**

|                  |  |             |  |
|------------------|--|-------------|--|
| Location Name    | <input style="width: 100%;" type="text"/>  |             |  |
| Contact Name     | <input style="width: 100%;" type="text"/>  |             |  |
| Street Address   | <input style="width: 100%;" type="text"/>  |             |  |
| Street Address 2 | <input style="width: 100%;" type="text"/>  |             |  |
| City             | <input style="width: 150px;" type="text"/> | State       | <input style="width: 150px;" type="text"/> |
|                  |  | Postal Code | <input style="width: 100px;" type="text"/> |
|                  |  | Country     | <input style="width: 150px;" type="text"/> |
| Phone            | <input style="width: 150px;" type="text"/> | Fax         | <input style="width: 150px;" type="text"/> |

**Patient Referrals for FemVue**

Femasys customers offering FemVue are encouraged to list their practice information on the FemVue website Practice Locator feature. This will assist interested patients in your area to locate practices providing FemVue. Customers purchasing FemVue are listed automatically, however, you may OPT OUT of this free feature at any time. If your practice does not want to be listed, please check the indicated box.

Please do **NOT** include my practice in the FemVue locator feature.

|                             |               |                            |
|-----------------------------|---------------|----------------------------|
| <b>Name (Please Print):</b> | <b>Title:</b> | <b>Signature and Date:</b> |
|-----------------------------|---------------|----------------------------|

By signing this New Customer Form, you acknowledge and accept the provisions set forth in Femasys' Terms and Conditions of Sale available [here](#) and certify that the above information is correct.

**For Internal Use Only**

|                  |                   |            |
|------------------|-------------------|------------|
| Entered By _____ | Reviewed By _____ | Date _____ |
|------------------|-------------------|------------|