



New Account Setup for RMI

Facility:	Date:
Address:	Attention:
City:	CMS Office:
State:	Employee Name
Zip:	REP Name:
Phone:	
Fax:	
Comments:	

Please fax completed form to the Corporate office at 612-294-3289 or email to tmeans@custommedicalsolutions.com
Credit Application form must be submitted in addition to New Account Setup form to complete customer setup

CMS Employee Printed Name	CMS Employee Signature	Date