Account Set-up Form

Account Name:_____ Account Number:_____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

A/P Contact: _____ Email Address: _____

Phone: _____ Fax: _____

Delivery Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

*Tax Status: Taxable   Resale   Exempt Organization

Type of Facility: _____

****

Would you like a field service rep to call on you? _____ How often? _____

Will you accept substitutes: Yes_____ No_____   How will you submit your orders?: Web   Email   Fax   Phone

Do you have a Receiving Dock: Yes____   No____

    If no, do you have a ramp/entrance to accommodate a pallet jack? _____

Can a 53 trailer access your site for delivery? Yes ____ No ____

Receiving is located: Front_____ Rear_____ Side _____

Deliveries made: Ground Level _____Upstairs_____ Downstairs_____

Are there Multiple Locations at your facility for deliveries: Yes____ No___(I.E. Front & Rear Delivery)

    If so, additional addresses:_____

    _____

Do you require a call before delivery: Yes____No ____ (a call or appointment may delay shipment 1 day)

    If so, what is the phone number: _____ Contact Name: _____

Average order size: Large= 4+ pallets___   Medium= 2-3 pallets ___   Small= 1 pallet or less___

Any special requirements for your deliveries: _____

    _____

PLEASE EMAIL TO DYANNL@GROVEMEDICAL.COM OR FAX TO DYANN LAMAR AT 864-678-5062

GROVE MEDICAL, INC.
NEW WEB USER REGISTRATION

Please complete and submit the following New Web User Registration form. You will be contacted with your online User ID and Password within 24 hours (during normal business hours), Monday thru Friday, 8:30AM and 5:00 PM Eastern time.

(Please Print)

Date: _____ Grove Account No.: _____

Company Name: _____

Address:

_____

_____

City, State & Zip: _____

Email Address(s): _____

_____

Phone Number: _____

Fax Number: _____

Business Type: __ LTC/Nursing Home
__ Pharmacy
__ Physician
__ Hospital
__ Other: _____

> **www.grovemedical.com**
>
> Please fax to the attention of:
>
> Grove Medical E-Biz Help Desk
> 864-220-1745

Salesperson: _____

First Name: _____

Last Name: _____

Title: _____

Username (lower case only): _____

Password (6 or more characters): _____

Signature: _____

For Grove Medical Use Only:

Date Request Received: _____

Date Request Completed: _____

Request Completed By: _____

Computer Requirements:

Minimum requirements	Maximum requirements (preferable)
Operating System: Windows 2000	Operating System: Windows XP
RAM: 256	RAM: 512
Service Pack: SP1	Service Pack: SP2

Connection Requirements:

GroveMedical.com was designed to accommodate users with 56K connections. However, for best performance we recommend faster connections such as ISDN, Cable Modem, DSL or T1.

Browser Requirements:

The recommended browser to use with GroveMedical.com is Microsoft Internet Explorer version 6.0. By using Internet Explorer 6.0 or higher, you can guarantee that you are getting the fastest service available while using the Grove Medical site. If you are currently using Netscape, we'd recommend switching to Internet Explorer 6.0 or higher to optimize the performance. To check which version of Internet Explorer you are using:

1. Click on 'Help' in the toolbar at the top of your screen.
2. Choose the 'About Internet Explorer' option.
3. A new window will appear. The first line of information will tell you the version number.
   If your version is below 6.0, you will need to upgrade to optimize the performance.
4. Click the 'Okay' button in the box to close it.