



Steri-Tek Customer Contact Sheet

Document #: 40-6.2.1-1a

Effective Date: 3/17/16

GENERAL INFORMATION:

Customer Name: _____

Shipping Address: _____

FDA # (If applicable) _____

DEA # (If applicable) _____

City, State, Zip Code: _____

Billing Address (if different): _____

City, State, Zip Code: _____

Website Address: _____

INTERFACE CONTACT INFORMATION:

Main: _____ Title: _____

Phone: _____ Email: _____

Engineering: _____ Title: _____

Phone: _____ Email: _____

Manufacturing: _____ Title: _____

Phone: _____ Email: _____

Quality: _____ Title: _____

Phone: _____ Email: _____

Billing: _____ Title: _____

Phone: _____ Email: _____

Shipping: _____ Title: _____

Phone: _____ Email: _____

Receiving (if different from shipping): _____ Title: _____

Phone: _____ Email: _____

Return completed form to: Jeff Sauter (jeffs@steri-tek.com)