

# S & S HEALTH PRODUCTS, INC.

## CLIENT APPLICATION

PLEASE FILL OUT SECTIONS (1), (2), (3) and (4 or 5) COMPLETELY AND FAX TO 718-228-7797  
CONTACT JOSEPH (VNG TECH SUPPORT) AT 718-926-2557 AFTER APPLICATION IS FAXED

1. UNIT PURCHASED FROM		SALESPERSON		REPORTS	DAYS
2. CLIENT INFORMATION					
Doctor's Name			Company Name		
Address		City	State	Zip	
Email		Phone	Fax		
3. CONTACT INFORMATION (Office Manager or person responsible for faxing & printing reports.)					
Contact Name		Contact Phone		Extension	
4. CREDIT CARD AUTHORIZATION (Billing address must match credit card billing address)					
Credit Card Billing Address		City	State	Zip	
Card Holder Name (As it appears on card)		Credit Card Number		Expiration Date	
				Month	Year
Credit Card Type					
VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/>					
I hereby authorize S & S Health Products, Inc. or Scottpt.com, Inc. to charge any of my orders to the credit card shown above. I also verify that I am an authorized signer on the account.					
_____			_____		
CARD HOLDER SIGNATURE			DATE		
5. ACH DEBIT AUTHORIZATION					
Name of Bank		Type of Account			
		Checking <input type="checkbox"/>		Savings <input type="checkbox"/>	
Bank Address		City	State	Zip	
Account Name		Account Number		Routing Number (9 Digits)	
I agree that this authorization will remain in effect until I provide written notification terminating this service.					
_____			_____		
AUTHORIZED SIGNATURE			DATE		
5. FEES					
The following fees apply for interpretation services:		\$25.00 for each automated report		\$50.00 for each expert report	
The method of payment you have chosen above will be debited from your account MONTHLY.					
If you have any questions regarding interpretation services or billing questions please contact us at 718-926-2557.					

By signing this application above all clients of our services understand and acknowledge that they, as practitioners, are solely responsible for appropriately ordering each test. S & S Health Products, Inc. and its representatives and affiliates, as well as, Dr. Richard Newman and his affiliates are independent entities and shall not be construed as employees or any sort of affiliate of the client. The name of the interpreting physician may be used as such but the procedure may not be billed using the interpreting physician name (e.g. insurance claim form 1500, box 31-33)