



*Southern Stem*

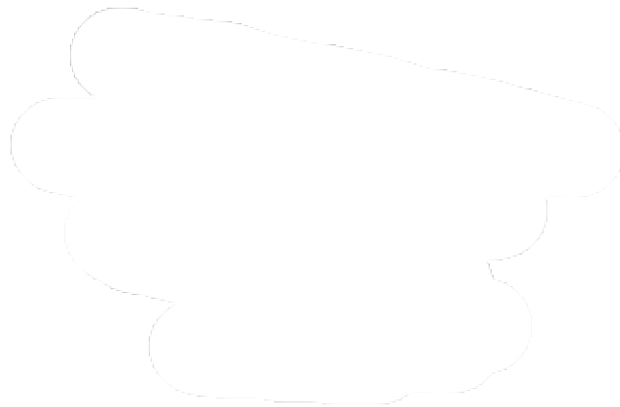
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### Account Information

Clinic Name

Address

Address

City

State

Zip Code

Phone Number

Fax Number

### Physician Name

First Name

Last Name

Physician NPI

### Billing Address

Same as account information

Address

Address

City

State

Zip Code

### Primary Office

Name (Primary contact)

Title

Email Address (Primary contact)

Phone Number (Primary contact)

### Secondary Office

Name (Secondary contact)

Title

Email Address (Secondary contact)

Phone Number (Secondary contact)

### Distributor

Southern Stem

Name

jude@southernstem.com

Email Address

214-675-3616

Phone Number

### Sales Representative

James McCullough

Name

Email Address

Phone Number

### Credit Card Authorization

First Name on Card

Last Name on Card

Billing Address

City

State

Zip Code

Phone Number

Fax Number

### Credit Card Information

Credit Card Number

Master Card

EXP date

Visa Card

CCV or Security code

Discover Card

Amex Card

### Credit Card Authorized Signature

### ACH Transfer Information

First Name

Last Name

Billing Address

City

State

Zip Code

Bank Name

ABA Routing Number

Account Number

### Account Type

Business

Personal

Savings

### ACH Transfer Authorized Signature