



# SyringeFilter.com

## Credit Application

### GENERAL INFORMATION:

1. Firm or Business Name: \_\_\_\_\_

2. Doing Business as (DBA): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Telephone ( ) \_\_\_\_\_ 7. Fax ( ) \_\_\_\_\_

8. Additional offices and/or affiliate addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. E-Mail Address: \_\_\_\_\_

10. Accounts Payable Contact Name: \_\_\_\_\_

11. Years in Business \_\_\_\_\_ 12. Federal Tax Number: \_\_\_\_\_

Please Email or Fax a copy to SyringeFilter.com at [sales@syringefilter.com](mailto:sales@syringefilter.com) or (843) 408-4096



# SyringeFilter.com

**CREDIT REFERENCES: (Please provide three)**

1. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with SyringeFilter.com. I hereby agree that Paragon Management Group may investigate my record and that, if approved, Paragon may furnish this authorization to secure the information they need to establish a business relationship.

\_\_\_\_\_  
Name Title