

# CREDIT APPLICATION

**BILL TO:**

**SHIP TO:**

EXACT NAME: \_\_\_\_\_  
DIVISION OR SUBSIDIARY OF: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NO.: (\_\_\_\_) \_\_\_\_\_  
FAX NO: (\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE No.: (\_\_\_\_) \_\_\_\_\_  
ATTN: \_\_\_\_\_  
PHONE No.: (\_\_\_\_) \_\_\_\_\_  
FAX NO: (\_\_\_\_) \_\_\_\_\_

## GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS: \_\_\_\_\_

ARE YOU SALES AND/OR USE TAX EXEMPT?

**FOR DEALERS ONLY:**  
SOURCE OF SALES: \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%  
HOSP. L-T-C- DME- OTHER ON-LINE

Yes - If yes please insert your certificate no. below  
 No

WEBSITE: \_\_\_\_\_

Certificate No.: \_\_\_\_\_

D.B.A.  INDIVIDUAL  PARTNERSHIP  CORPORATION

Accounts Payable Contact:

YEARS IN BUSINESS: \_\_\_\_\_ YEAR OF INC. \_\_\_\_\_ STATE OF INC \_\_\_\_\_

Name: \_\_\_\_\_

Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

\* \_\_\_\_\_

FAX NO: (\_\_\_\_) \_\_\_\_\_

\* \_\_\_\_\_

### CONTACT INFORMATION:

\* \_\_\_\_\_

Purchasing: \_\_\_\_\_ Email: \_\_\_\_\_

Product Manager: \_\_\_\_\_ Email: \_\_\_\_\_

## BANK REFERENCE

BANK NAME: \_\_\_\_\_ OFFICER HANDLING: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NO: (\_\_\_\_) \_\_\_\_\_

CHECKING ACCT. NO: \_\_\_\_\_ SAVINGS ACCT. NO.: \_\_\_\_\_ OTHER: \_\_\_\_\_

## BUSINESS CREDIT REFERENCE (MEDICAL PRODUCT MANUFACTURERS)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER
1) _____	_____	(____) _____
2) _____	_____	(____) _____
3) _____	_____	(____) _____
4) _____	_____	(____) _____

we certify that all the information on this form is correct and that we fully understand your credit terms and agree to proper payment in consideration of extended credit. We give you our permission to contact any of the above parties to request credit information.

Date: \_\_\_\_\_

\* (Signed) \_\_\_\_\_

\* (Title) \_\_\_\_\_