



# CREDIT APPLICATION

Fax completed application to: 1-718-228-9101; attention: "New Accounts"

## BILLING INFORMATION

Company Name: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Billing: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Phone or Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## SHIPPING INFORMATION

Company Name: \_\_\_\_\_  
 Shipping: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Phone or Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## BUSINESS INFORMATION

Check One: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_  
 Years in Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 D&B #: \_\_\_\_\_ Sales per Year \_\_\_\_\_  
 President/CEO: \_\_\_\_\_ Treasurer/Controller: \_\_\_\_\_  
 Tax I.D. #: \_\_\_\_\_ Prepared by (name) \_\_\_\_\_

## BANK INFORMATION

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## TRADE REFERENCES – Fax number required!

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Account #: \_\_\_\_\_

## CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

I represent that the above information is true and is given to induce The Medical Supply Depot Inc. to extend credit to the applicant. My company and I authorize The Medical Supply Depot Inc. to make such credit investigations, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to The Medical Supply Depot Inc. any and all information concerning the financial and credit history and myself.

Prepared by (signature): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach copies of all tax exemption certificates  
 Questions? Contact the accounting department at 1-888-874-3831 ext. 103