



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