



CREDIT APPLICATION

COMPANY NAME: _____
BILLING ADDRESS: _____
CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____
PHONE: () _____ FAX: () _____
CONTACT PERSON: _____ TITLE: _____
NO. OF YEARS IN BUS: _____ NATURE OF BUS: _____
TYPE OF BUS: _____NON-PROFIT _____PRTNRSH _____SOLE PROP _____CORP
DUNN & BRADSTREET #: _____ CREDIT LIMIT REQUESTED: _____
IS PRODUCT BEING PURCHASED FOR RESALE? NO YES (Attach Resale Certificate)
ARE YOU SALES TAX EXEMPT? NO YES (Attach Sales Tax Exemption Certificate)
INDICATE ANY NATIONAL BUYING GROUP MEMBERSHIP: _____
* MEDICAL LICENSE ISSUED BY: _____ STATE _____ LICENSE#: _____

*** Please submit a copy of this license to expedite approval. Orders will not be released to facilities without a legitimate medical license/permit.**

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME: _____ TITLE: _____
HOME ADDRESS: _____
PHONE: () _____ SOCIAL SECURITY #: _____

TRADE REFERENCES

NAME OF SUPPLIER: _____
ADDRESS: _____
CONTACT PERSON: _____ PHONE: () _____
EMAIL ADDRESS: _____

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ADDRESS: _____
CONTACT PERSON: _____ PHONE: () _____
EMAIL ADDRESS: _____

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ADDRESS: _____
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EMAIL ADDRESS: _____



A COLSON ASSOCIATE

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