

To: _____ Phone: _____ Fax: _____

BILLING INFORMATION

Legal Name: _____ Trade Name/DBA: _____

Billing Address: _____ Phone: _____

_____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

ACCOUNT INFORMATION

Year Business Established: _____ Federal Tax ID: _____

Dun & Bradstreet#: _____

Anticipated Annual Purchases: \$_____ Credit Line Requested: _____

Invoice Mailed Invoice Emailed Email Address: _____

CONTACT INFORMATION

Controllers Name: _____ Phone: _____ Email: _____

Accounts Payable Contact: _____ Phone: _____ Email: _____

Purchasing Contact: _____ Phone: _____ Email: _____

OWNERSHIP INFORMATION

CHECK ONE: A) Public Corp. B) Private Corp. C) Partnership D) Proprietor E) Not for Profit

if A or B, list names and address of Parent corp. If C, D, or E, list name(s), address(es) and social security numbers of Owner(s).

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

(If you need more room please list information on additional sheet)

SSN: _____

BANK REFERENCE

Bank Name: _____ Account #: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

TRADE REFERENCE

Name &/or Dept.: _____ Account #: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Name &/or Dept.: _____ Account #: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Name &/or Dept.: _____ Account #: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

Name &/or Dept.: _____ Account #: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____

The applicant grants permission to 4MD Medical Solutions to contact commercial & consumer credit reporting agencies and any or all bank & trade references provided, together with any other references which may be provided by these references.

I hereby certify that, to the best of my knowledge and belief, the information stated above is true and correct. That I am duly authorized by the Applicant to submit this application and make agreements and representations contained herein in the name of and on behalf of the Applicant.

Print Name: _____ Title: _____

Signature: _____ Date: _____

