MedSupply Partners
877-633-7779 | www.medsupplypartners.com

CREDIT APPLICATION

Fax back to 404-691-0907 or email to service@medsupplypartners.com

BUSINESS CONTACT INFORMATION			
Primary Contact:			
Company Name:			
Phone:	Fax:	E-mail:	
Shipping address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Billing address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank Name/Address:		Phone:	
City:		State:	ZIP Code:
Bank Contact:			
Accounts Payable Contact Person:		Accounts Payable Phone Number:	

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize MedSupply Partners, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES	
Title/Date:	Title/Date: