

**Medic Response Health & Safety / First Aid Supplies Plus
P.O. Box 221765, Chantilly, Virginia 20153
Office 703-449-5438 – Fax 703-449-5453**

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:		Type of Business:			
Line of Credit Requested:		AP Contact:		E-mail:	
Phone:	Fax:	Buyer Contact		E-mail:	
Ship To address:			City:	State:	ZIP Code:
Bill To address:			City:	State:	ZIP Code:
Fed. ID/Social Sec. #		Date business Started:			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

State Incorporated:		Year Incorporated:	Annual Sales:
Resale: <input type="checkbox"/> Yes <input type="checkbox"/> No		BY STATE LAW WE ARE REQUIRED TO OBTAIN AN ACCURATE AND COMPLETE RESALE CERTIFICATE FOR OUR RECORDS BEFORE ANY TAX EXEMPT PURCHASES WILL BE ACCEPTED. A UNIFORM SALES & USE TAX CERTIFICATE – MULTIJURISDICTION HAS BEEN PROVIDED WITH THIS APPLICATION. IF YOUR BUSINESS IS LOCATED IN A STATE THAT REQUIRES A STATE SPECIFIC FORM, YOU MUST PROVIDE YOUR STATE'S APPROVED FORM AND RETURN IT WITH THIS APPLICATION.	
IF YES- A SALES & USE CERTIFICATE MUST BE COMPLETED & RETURNED WITH THIS APPLICATION			

Bank name:	
Bank address:	Phone:
City:	State: ZIP Code:
Savings	Account number
Checking	Account number

BUSINESS/TRADE REFERENCES

Company name:		Contact	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENTS

I understand that the information provided on this application is for the purpose of obtaining business credit from Medic Response Health & Safety / First Aid Supplies Plus, and I confirm to you that I am authorized in my capacity to bind my firm accordingly. I agree that all accounts or monies owed to Medic Response Health & Safety / First Aid Supplies Plus shall be due and payable at their place of business, and that all past due accounts, notes or judgments shall automatically draw interest at the rate of 12% annually. I acknowledge that all terms are based upon the invoice date, and not the date I receive the merchandise.

Signature:	Title:	Date:
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Personal Guarantee: In consideration of the credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended needs to be given. The terms may be rearranged, extended and/or renewed without notice to me, and that I will, within 5 days from that date of notice that the account is past due, pay the amount.

Signature:	Title:	Date:
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If no personal guarantee is given, we request that credit card information be kept on file. By signing below, you authorize us to charge your credit card if your account is over 45 days.

Credit Card #	Card Type	Exp. Date	Cardholder Signature
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THIS FORM NEEDS TO BE FILL OUT AND SIGNED