

**WEB-APPLICATION FOR HEALTHCARE ORGANIZATIONS**

All customers are required to complete a Credit Application and such application approved prior to purchasing online. Upon approval, each customer will be issued a unique ID and password per authorized user.

For orders of drugs or controlled substances, the customer must complete the Controlled Substance Application and receive approval prior to purchasing.

**CREDIT APPLICATION**

Today's Date: \_\_\_\_\_

[Please complete and return email or by fax to 1 847 267 9078. Thank you]  
[If your institution has a standard credit information form, please submit in lieu of this form.]

**ABOUT THE HOSPITAL/PRACTICE**

Legal name of Institution: \_\_\_\_\_

Trade name or d/b/a: \_\_\_\_\_

(State none if not applicable)

Address: \_\_\_\_\_

(Street address required)

\_\_\_\_\_

(P.O. Box, if any)

\_\_\_\_\_

(State)

(Zip code)

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

EIN: \_\_\_\_\_ D & B number: \_\_\_\_\_

Check one:  Corporation  Partnership  Proprietorship  Other (Explain on reverse)

Years in business?: \_\_\_\_\_ Years incorporated?: \_\_\_\_\_ Employees?: \_\_\_\_\_ Beds?: \_\_\_\_\_

**ABOUT THE OFFICERS OR PARTNERS**

<u>Name</u>	<u>Home Address</u>	<u>SS #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ABOUT THE BUSINESS**

Communities served (List by county and state. Use reverse side if necessary.):

\_\_\_\_\_  
\_\_\_\_\_

Primary Community: \_\_\_\_\_ Secondary Community: \_\_\_\_\_

Do you require purchase orders?:  Yes  No; Amount of credit requested?: \$ \_\_\_\_\_

Type of payment: Check \_\_\_\_\_ Wire \_\_\_\_\_ Credit card: MC \_\_\_\_\_ Visa \_\_\_\_\_ AEX \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Tax Exempt No.(if applicable): \_\_\_\_\_

**TRADE REFERENCES**

Vendor name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
High credit: \_\_\_\_\_ Current balance: \_\_\_\_\_

Vendor name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
High credit: \_\_\_\_\_ Current balance: \_\_\_\_\_

Vendor name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
High credit: \_\_\_\_\_ Current balance: \_\_\_\_\_

Bank name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
High credit: \_\_\_\_\_ Current balance: \_\_\_\_\_

Bank name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
High credit: \_\_\_\_\_ Current balance: \_\_\_\_\_

I, the undersigned, acknowledge all the facts stated in the above application to be true and correct to the best of my knowledge and hereby authorize investigation of all statements contained herein in this application. Furthermore, I acknowledge that my institution has the ability, and is willing to pay its bills on time.

\_\_\_\_\_  
(Authorized signature) (Date signed)

\_\_\_\_\_  
(Print name of Authorized signer) (Title)

=====

**FOR INTERNAL USE ONLY**

Recommended by: \_\_\_\_\_ [ ] Approved [ ] Denied  
Approved: \_\_\_\_\_ (Date)  
(VP Finance)