



# BEST MEDICAL WEAR<sup>®</sup> LTD

Medical wear at its Best!

## CREDIT APPLICATION

### GENERAL INFORMATION

BUSINESS NAME:	TERMS REQUESTED <input type="checkbox"/> NET <input type="checkbox"/> COD CO. CHECK
LEGAL NAME (IF DIFFERENT)	TYPE OF BUSINESS
BILLING ADDRESS:	DATE OF BUSINESS
CITY: ST: ZIP:	TELEX OR RESALE NO:
SHIPPING ADDRESS:	DUNS NO:
CITY: ST: ZIP:	STATE INC. _____ <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP
TELEPHONE #:	TELEPHONE #:
FAX #:	EMAIL:

COMPANY PRINCIPALS	BANK REFERENCE
NAME / TITLE:	INSTITUTION:
HOME ADDRESS:	ADDRESS:
HOME PHONE:	CITY: ST: ZIP:
NAME / TITLE:	PHONE NO: CONTACT:
HOME ADDRESS:	CHECKING ACCOUNT #:
HOME PHONE:	ROUTING #:

TRADE REFERENCES	
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
TYPE OF BUSINESS:	TYPE OF BUSINESS:
PHONE NO:	PHONE NO:
ACCT NO: TERMS:	ACCT NO: TERMS:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
TYPE OF BUSINESS:	TYPE OF BUSINESS:
PHONE NO:	PHONE NO:
ACCT NO: TERMS:	ACCT NO: TERMS:

XX \_\_\_\_\_ DATE  
SIGNATURE OF OWNER AS PERSONAL GUARANTEER INCLUDING LEGAL FEES

PRINT NAME CLEARLY

CARD # \_\_\_\_\_  
NAME ON CARD \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_  
COMMENTS \_\_\_\_\_

FOR OFFICE USE ONLY	
D&B REPORT	DATE
CREDIT APPROVED	CREDIT LIMIT
COD CHECK APPROVED	CHECK LIMIT
DENIED	ACCT #: