MM Medical Supply, LLC
7111 Bayou George Drive
Panama City, Florida 32404

CREDIT APPLICATION

(Please fill in completely – incomplete information will delay establishment of your account)

Exact Legal Name of Company: _____

Bill to Address: _____ City: _____

State: _____ Zip: _____ Phone #( ) _____ Fax #( ) _____

AP Contact name: _____ Phone: ( ) _____ E-Mail _____

Ship to Address (if different from above): _____

President / Owner: _____ VP Finance: _____

Email for invoicing : _____

Sales Tax Rate (Fill In) _____% County for Tax: _____

Please check where applicable:

_____ Corporation (if so): State of incorporation: _____ Years in Business: _____ Public: Yes / No

_____ Proprietorship If proprietorship or partnership, please give social security numbers of principals:

_____ Partnership Name: _____

Name: _____

If company is a subsidiary, division or branch of any other company, please detail relationship and furnish complete name and address of parent or headquarters on separate sheet.

Dun & Bradstreet Listing: Yes _____ No _____ D&B #: _____ Rating: _____

Business Checking Account:

Name of Bank: _____ Phone #( ) _____

Account #: _____ Email _____

Contact Name: _____

Major Suppliers:

Name: _____ Name: _____

Phone #( ) _____ Phone #( ) _____

Email _____ Email _____

Name: _____ Name: _____

Phone #( ) _____ Phone #( ) _____

Email _____ Email _____

In making this application, I/We agree to pay all invoices per the terms stated on each invoice. All bills are due and payable at PO Box 7295, Hudson, Florida, 34674. In the event of default and referral to an attorney or collection agency, I/We agree to pay all costs of the collection including reasonable attorney fees. I/We understand that the above information is given for the purpose of obtaining credit and certify that to the best of my knowledge, the above information is complete and accurate to the date of this application. The owner, a partner, or an officer depending upon whether the business is a proprietorship, partnership, or corporation, respectively must sign application.

I/We hereby authorize MM Medical Supply, LLC to make any inquiries they deem necessary pertaining to my/our credit and financial responsibility.

Company Name: _____ Date: _____

By: _____ Title: _____

Note: Please help us by attaching a copy of your latest financial statement. Thank you and we look forward to doing business with you.

Sales tax will be charged on each invoice unless we have a current copy of your exemption certificate on file.