

# MedGrade LLC

## Corporate Credit Application

Print this document, complete all information, include a copy of your tax exempt certificate if applicable, then fax it to us for review.

Organization Name \_\_\_\_\_

Contact(s) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>Type of Business:</b> (circle one)                      C-corp    Sub S    LLC    Partnership    Sole
Number of years in business: _____
Person(s) in charge of Accounts Payable: _____
President name: _____      Purchasing Agent name: _____

**Federal I.D. #:** \_\_\_\_\_ **Tax Exempt #:** \_\_\_\_\_ **State:** \_\_\_\_\_

(If your organization is tax exempt you must include a copy of your Tax Exemption Certificate with this form)

**Bank Information:**(Please provide us with information regarding your key banking relationship)

Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone \_\_\_\_\_ Bank Fax \_\_\_\_\_

Account No(s) \_\_\_\_\_

<b>Credit References:</b>	<b>Company Name</b>	<b>Phone #</b>	<b>Fax #</b>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

MedGrade, LLC is authorized to contact parties indicated on this application as verification for the purpose of obtaining credit. I / we certify that the information given in this application is true and correct, and all financial information submitted correctly reflects our financial condition. I / we agree to pay all invoices within the stated terms and to pay service charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In the event a suit is instituted to collect amounts owed and a judgment is rendered in MedGrade's favor, I / we agree to pay court costs and reasonable attorney fees. I / we have read this agreement, a copy has been made available to us or is available upon request from the credit department. All information submitted in this application is confidential. If credit is authorized you will be provided with instructions to use your corporate credit account and the amount of credit available to you.

Application submitted by (print name): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_



**Phone - 877-633-7873    Fax - 877-633-1329**