



MD PURCHASE

quality without compromise

www.mdpurchase.com

1-916-663-4165

MD Purchase Credit Account Application Form

Company Information:

Billing Information:

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Main Fax: _____

Shipping Information: *(Fill out only if different than billing)

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Main Fax: _____

Attention To: _____

Financial Information:

Standard Payment Terms for Your Facility: (Please check one)

Net 30 days _____ Net 45 days _____

Tax Exempt: (If YES, tax exemption documents must be attached) Yes: __ No: __

*This question only applies to CA customers only.

DUNS# (if applicable) _____ Years Established: _____

MD Purchase Credit Account Application Form Continued:**Purchasing Contact Information:**

First Name: _____ Last Name: _____

Department: _____

Phone: _____ Fax: _____

Other Persons Authorized To Purchase:

1) _____ 2) _____

Accounts Payable Contact Information:

Title: _____ Department: _____

First Name: _____ Last Name: _____

Phone: _____ Fax: _____

Payment Terms: (Please read carefully)

All invoices issued by MD Purchase, LLC are payable Net 30 or 45 days (whichever you choose) from the date of the invoice for all accounts with an approved line of credit. In the event that an invoice becomes 15 days past due, MD Purchase, LLC reserves the right to charge the credit card provided by your facility for the past due amount of any and all invoices. You will be notified before this occurs and you will receive a copy of the paid invoice and the credit card receipt.

Please provide Visa, Mastercard, Discover, or American Express credit card information below:

Card Type: _____ Card Number: _____

Expiration Date: _____ CCID Number: _____

Name on Card: _____

Signature of Card Holder: _____

Issuing Bank (if applicable): _____

Agreement:

Applicant agrees that extension of credit by MD Purchase, LLC shall be subject to and in consideration of the "Terms and Conditions" located at www.mdpurchase.com. Applicant understands that MD Purchase will make its usual credit investigation and authorize applicant's bank to release information as requested by MD Purchase. The undersigned agrees that all credit extended shall be deemed subject to the terms herein agreed to.

Authorized Signature: _____ Title: _____

Date: _____ *Please fax this form to our office at 1-916-663-4166.*