



**T H E
MEDICAL SUPPLY
G R O U P**

4500 N. Powerline Rd. Suite #5, Deerfield Beach FL 33073

Please fax the signed & completed application to 1-800-964-9901. For any questions regarding the application, call 1-800-278-0227.

Credit Application

Company Name: _____ Trade Name (d/b/a)(if different): _____
 Bill To Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent Company:
 Address: _____ City: _____ State: _____ Zip: _____

Type of Organization: Hospital Nursing Home Physician Office Distributor Medical Equipment Hospice
 Out Patient Clinic Other

Organizational Structure: Nonprofit Corporation For Profit Corporation LLC Corporation Sub Chapter S Corporation
 Proprietorship Partnership Products Purchased for Resale (Attach Tax Exempt Certificate)

Customer Contacts:
 For LLC, Sub Chapter S Corporations, Partnerships, Proprietorships
 (additional names on separate sheet)

	Name	Tel Number	Fax No.	Soc. Sec. #
Corporate Officers/Partner	_____	_____	_____	_____
Owners	_____	_____	_____	_____
Accounts Payable	_____	_____	_____	_____
Purchasing	_____	_____	_____	_____

Date Business Started _____ Tax Payer ID# _____
 Credit Card Option Visa Mastercard American Express Discover
 Credit Limit Requested _____ Expected Monthly Purchase Volume (\$) _____

For Credit Card Payments Only:
 Card # _____
 Exp. Date ____/____

Trade References:

	Name	Address	Contact	Phone #	Fax #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Bank References: (two references if applicable)

	Name	Address	Contact	Phone #	Fax #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Applicant hereby certifies that the information furnished under this Application and any financial statements furnished in connection herewith, is true and correct and that this information is being furnished to Medical Supply Group for the purpose of inducing Medical Supply Group to extend credit to the Applicant. Applicant understands that Medical Supply Group intends to rely upon such information. Applicant agrees to be bound by all invoices and other documents furnished by Medical Supply Group from time to time, and to advise Medical Supply Group of any material change in information provided herein, including but not limited to change of ownership, address or telephone number. Applicant certifies that any extensions of credit will be exclusively used for Applicant's business purposes. Applicant understands that the Medical Supply Group will retain this Application whether or not credit is approved. Applicant hereby authorizes Medical Supply Group to check Applicant's credit history, including, but not limited to, obtaining a consumer credit report, and trade and bank references for customary credit information to confirm the information contained on this Application and to release information to other creditors regarding Medical Supply Group's credit experience with Applicant. The individual signing this application certifies that he/she has the authority to sign this Credit Application on behalf of the Applicant.

I hereby release any and all credit or financial information to Medical Supply Group or its assignees; By signing I am accepting your conditions of sales.

 Signature

 Date

Please fax the signed & completed application to **1-800-964-9901**.
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Sales Terms

In consideration of the extension of credit by Medical Supply Group to Applicant, Applicant agrees to the following terms and conditions:

1. Payment terms for purchase of goods and/or services shall be Net 30 days from invoice.
2. Medical Supply Group may curtail or discontinue its deliveries of products to Applicant should default of payment occur, or should any material change in Applicant occur, including but not limited to a change in ownership, event of insolvency, bankruptcy or any proceedings against Applicant that will, in Medical Supply Group's judgement, adversely affect the Applicant's business.
3. To assist Medical Supply Group in the determination of Applicant's credit-worthiness, Applicant will from time to time furnish to Medical Supply Group upon request, a copy of the Applicant's most recent financial statement.
4. Applicant agrees to pay a service charge of 1.5% per month or, the maximum rate allowed by law, whichever is less, on overdue accounts.
5. Applicant agrees that after 60 days and several attempts to contact the Applicant, Medical Supply Group may charge the Applicant's bank account all outstanding monies due on overdue accounts as permitted by law.
6. Should Applicant default in any payment, Applicant agrees to pay all reasonable costs incurred by Medical Supply Group, including without limitation attorneys' agencies' fees and expenses in collecting such payments.
7. In the event of litigation between Applicant and Medical Supply Group, the litigation, at the option of Medical Supply Group, shall take place in Broward County, Florida.

Signature

Date

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