

Combined Credit Application, Customer Profile and Resale Certificate

CONTACT INFORMATION

Legal Business Name _____
Resale Tax ID #

Buyer _____
Accounts Payable Supervisor _____
Controller/CFO

Billing Address _____
Telephone #

City State Zip _____
Fax #

Ship To Address _____
Telephone #

City State Zip _____
Fax #

BANK INFORMATION

Bank Name _____
Contact Name

Address _____
Telephone #

City State Zip _____
Fax #

TRADE REFERENCES: Currently selling to your company. We prefer local references.

Company 1 _____
Company 2 _____
Company 3

Address _____
Address _____
Address

City _____
City _____
City

State Zip _____
State Zip _____
State Zip

Telephone # _____
Telephone # _____
Telephone #

Fax # _____
Fax # _____
Fax #

I authorize MedDev Corporation to contact and request information from the references provided.

Signature: _____ Print name: _____ Date: _____