

New Account / Customer Credit Application Form

**This Order Subject to Approval by:*

BRICO Medical Supplies, Inc.
P.O. Box 141
Metuchen, NJ 08840-0141
Ph. 866-589-0971
Fx. 732-321-1542

Billing Information:

Account Name: _____

Address: _____

City: _____ State _____ Postal Code: _____

Phone: _____ Fax: _____

Shipping Information:

Account Name: _____

Address: _____

City: _____ State _____ Postal Code: _____

Phone: _____ Fax: _____

Ownership:

Corporation Fed. ID # _____ Partnership Sole Proprietorship

Date & State of Incorporation _____ DUNS #: _____

Name of Owner / Officer: _____ Title: _____

Home Address: _____ Phone # _____

City: _____ State _____ Postal Code: _____

SS# _____

Tax Status: Taxable Non - Taxable (*copy of Tax Exempt Certificate must be enclosed*)

Miscellaneous Information: (check all that apply)

Medical Practice Hospital (Number of Beds) Laboratory Industry

Veterinary Hospital / Clinic Distributor / Reseller For Profit Not for Profit

Financial Information: *Please Attach (4) Four Trade References on your company letterhead.*

****Ignore Trade References if paying by American Express, Visa, or Mastercard**

Type of Credit Card _____ **CC#** _____ **Exp:** _____

Bank Reference: Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Postal Code: _____

Account #: _____ Contact Name: _____

The new account applicant listed above, shall be liable and agrees to pay for any and all purchases within 30 (thirty) days of Invoice Date (**Once proper credit is established*). All accounts with balances outstanding for 30 (thirty) days or more after the invoice date, will be required to pay a 1 1/2% service charge per month. The customer above hereby authorizes BRICO Medical Supplies, Inc. to contact the above listed bank references and any furnished Trade References in order to evaluate and establish a credit line. Should legal action be instituted to enforce a payment of any outstanding balance, I (we) agree to pay all costs of suit and attorney's fees.

Date: _____ Authorized Signature _____

Name (type or print) _____

Title _____

*(*Officer or Owner Only)*

**Any organization in business for less than one year, or ownership of less than one year, Must fill out and sign a personal guaranty if a line of credit is to be granted.*