**Company Name** Fax Application To: Or Email To:

[**CREDIT APPLICATION**](https://londonmedarb.com/credit-application-form/)

| Legal Business Name  | Trade Name-DBA Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # |
| --- | --- |
| Billing Address  | City State Zip Code |
| Shipping Address  | City State Zip Code |

Business Is a: Corporation LLC Partnership Proprietorship Year Started\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Inc. \_\_\_\_\_\_\_\_\_Federal I.D.#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web Site Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dun & Bradstreet #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You a: Subsidiary Division (if yes, check which)

Parent Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Do you require a purchase order# before we accept an order? Yes No A/P Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A/P Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A/P Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Monthly Purchases. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Terms Requested: COD Credit Card Net terms – Credit Limit Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check one: Principal Partner Proprietor

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip:\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank References**

| Name  | Contact Name Phone No |
| --- | --- |
| Street Address  | City, State, zip Code Date Opened |

Type of Account Checking No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saving No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loan No\_\_\_\_\_\_\_\_\_\_\_\_\_ **Trade References (Major Supplies)**

| 1. Name  | Contact Name Phone No. |
| --- | --- |
| Street Address  | City, State, Zip Code Account No. |
| 2. Name  | Contact Name Phone No. |
| Street address  | City, State, Zip Code Account No. |
| 3. Name  | Contact Name Phone No. |
| Street Address  | City, State, Zip Code Account No. |

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor’s invoices and posted on Vendor’s website.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Title