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ACCOUNT APPLICATION

PLEASE INDICATE WHICH TYPE OF ACCOUNT MOST RESEMBLES YOUR COMPANY

HME/DME PROVIDER:	<input type="checkbox"/> 1-2 LOCATIONS	<input type="checkbox"/> 3+ LOCATIONS	<input type="checkbox"/> 10+ LOCATIONS	<input type="checkbox"/> GPO
RETAIL PHARMACY:	<input type="checkbox"/> INDEPENDENT	<input type="checkbox"/> 3+ LOCATIONS	<input type="checkbox"/> 25+ LOCATIONS	
<input type="checkbox"/> MAIL-ORDER	<input type="checkbox"/> INTERNET/CATALOG SELLER			
<input type="checkbox"/> REHAB/HEALTH CLINIC	<input type="checkbox"/> ASSISTED LIVING/LONG-TERM CARE			
<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> HOSPITAL GPO			
<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> WHOLESALE			

REQUEST FOR CREDIT INQUIRY

FOR TAX PURPOSE, PLEASE ENCLOSE A COPY OF YOUR TAX EXEMPT CERTIFICATE

Company Name:			DBA:		
Address:			Phone #:	Fax #:	
City:	State/Prov.	Zip/Postal Code:	Business Form: <input type="checkbox"/> Corporation, <input type="checkbox"/> Partnership, <input type="checkbox"/> Proprietorship		
Name of Principal:			Corporate ID #:	Social Security #:	
Estimated Annual Purchases:		Filed with Dun & Bradstreet: <input type="checkbox"/> Yes <input type="checkbox"/> No		Duns Number:	
Year Business Established:	Accounts Payable Contact:		A/P Phone:		

SUPPLIERS (Note: Must include Name, Address, Phone, and Account Number)

Name:			Phone:		
Address:			Fax:		
City:	State/Prov.	Zip/Postal Code:	Account Number:		
Name:			Phone:		
Address:			Fax:		
City:	State/Prov.	Zip/Postal Code:	Account Number:		

BANK INFORMATION (Note: Must include Name, Address, Phone, and Account Number)

Name:			Phone:		
Address:			Fax:		
City:	State/Prov.	Zip/Postal Code:	Account Number:		

We certify that all information on this form is correct and that we fully understand your Credit Terms and agree to proper payment in consideration of extended terms. Failure to pay with in the agreed terms can result in our account being placed for collections and legal fees will be our expense.

Signed By: _____ **Title:** _____ **Date:** _____