Credit Application Form

Office: (855) 825-5259
Fax: (855) 825-4266
Email: jteam@jmednow.com

Company Information

BUSINESS NAME | CREDIT LINE REQUESTED | DATE

BUSINESS TYPE ◯ Individual ◯ Sole Proprietorship ◯ Partnership ◯ Corporation

DATE INCORPORATED | DATE BUSINESS OPENED | TAXPAYER ID NUMBER

PHYSICAL STREET ADDRESS | YEARS AT ADDRESS

CITY | STATE | ZIP

PHONE NUMBER | FAX NUMBER

ACCOUNTS PAYABLE NAME | ACCOUNTS PAYABLE EMAIL

PURCHASING NAME | PURCHASING EMAIL

Principal Information

NAME OF PRINCIPAL #1 | SOCIAL SECURITY NUMBER

PHYSICAL STREET ADDRESS | PHONE NUMBER

CITY | STATE | ZIP

NAME OF PRINCIPAL #2 | SOCIAL SECURITY NUMBER

PHYSICAL STREET ADDRESS | PHONE NUMBER

CITY | STATE | ZIP

Bank Information

NAME OF BANK | DATE OPENED

BANK OFFICER | ACCOUNT NUMBER | DATE OPENED

Bank Information (continued)

BANK OFFICER | ACCOUNT NUMBER | DATE OPENED

Trade References

Please provide trade references with a minimum 2-year history.

NAME OF COMPANY #1 | CONTACT NAME

ACCOUNT NUMBER | PHONE NUMBER | FAX NUMBER

NAME OF COMPANY #2 | CONTACT NAME

ACCOUNT NUMBER | PHONE NUMBER | FAX NUMBER

NAME OF COMPANY #3 | CONTACT NAME

ACCOUNT NUMBER | PHONE NUMBER | FAX NUMBER

Credit Card Information

To be used in the event of non-payment.

CREDIT CARD NUMBER | DATE OPENED

NAME AS APPEARS ON CARD | EXPIRATION DATE | CVV

CARD TYPE ◯ Visa ◯ Mastercard

Authorized Signature

I certify that all information provided on this form is true and correct. I authorize the listed trade references to release credit information, and I authorize J Med Supplies, Inc. to verify the business and/or personal credit of the company and its principals, if necessary. I agree to pay J Med Supplies, Inc. for all supplies purchased. Terms are net 30 days. Past due accounts will incur a service charge of 1.5% per month. If the account is referred to an attorney, I agree to pay all reasonable attorney's fees and collection costs.

AUTHORIZED SIGNATURE | DATE

PRINTED NAME

TITLE