



8405 NW 29th St., Doral, Florida 33122
Toll Free: 877-470-8013 / Facsimile: 305-470-8016

CREDIT APPLICATION

Please Fax or Mail Back to the Attention of: **MedEquip Biomedical Accounting Dept.**

Date : _____

Company Name : _____

Complete Address : _____

City, State : _____ Zip : _____

Country : _____

Telephone : _____ Fax : _____

Date Founded : _____ Years at this Location : _____

Business Type : Corporation Partnership Proprietorship

State And Date of Incorporation : _____ Main Contact : _____

List (4) Vendor References you are currently doing business with:

1. Company Name : _____

Address : _____

Phone : _____ Fax : _____

Contact Person : _____ Acct.# : _____

2. Company Name : _____

Address : _____

Phone : _____ Fax : _____

Contact Person : _____ Acct.# : _____

3. Company Name : _____
Address : _____
Phone : _____ Fax : _____
Contact Person : _____ Acct.# : _____

4. Company Name : _____
Address : _____
Phone : _____ Fax : _____
Contact Person : _____ Acct.# : _____