



Corporate Office
10780 Reading Road
Cincinnati, OH 45241

Phone: 1-888-260-4430
Fax: 513-360-4386

Company Name _____

Credit Desired _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

County _____

Fed ID or SSN# (*SSN# is required for all proprietorship/partnerships*) _____

Circle One Corporation LLC Partnership Proprietorship

Principal Contacts

<i>Purchasing:</i>	Name	Title	Phone	Email

<i>Accounts Payable:</i>	Name	Title	Phone	Email

Trade References

Business Name _____ Contact Name _____

Address _____ Email _____

Phone _____ Fax _____ Account # _____

It is agreed that the firm will pay all invoices in accordance with stated terms and finance charges assessed on past due invoices at the rate of 1 1/2% per month (18%apr) together with any court costs, attorney's fees and costs of collection that Med Mart may incur in enforcing the terms of this agreement. We also authorize Med Mart to contact the aforementioned references to verify credit information. Med Mart reserves the right to secure the account.

First Name _____ Date _____

Signature _____ Title _____