



TOLL FREE # (800) 770-2070
FAX CREDIT APPLICATION TO: (317) 780-1525

OFFICIAL USE ONLY

Sales Rep: _____
 Account Number: _____
 Credit Limit: _____
 Credit Mgr: _____
 Approved By: _____
 Date: _____

4555 Independence Square Indianapolis, IN 46203

BUSINESS INFORMATION

LEGAL BUSINESS NAME:		TELEPHONE: ()	
D/B/A (DOING BUSINESS AS):		FAX: ()	
LEGAL ENTITY: CORPORATION _____ PARTNERSHIP _____ LLC _____ SOLE PROPRIETOR _____		FEDERAL ID NUMBER:	
BILLING ADDRESS:		CITY:	STATE: ZIP:
COUNTY:	WOULD YOU LIKE YOUR STATEMENTS EMAILED? YES ___ NO ___ IF YES, PLEASE PROVIDE EMAIL ADDRESS:		
WHAT IS YOUR BUSINESS START DATE?			
ACCOUNTS PAYABLE CONTACT NAME:	TELEPHONE: ()	EXPECTED MONTHLY SALES VOLUME: \$	

SHIPPING ADDRESS

NAME:		TELEPHONE: ()	
ATTN:		FAX: ()	
ADDRESS:		CITY:	STATE: ZIP:
EMAIL:			

PRACTITIONER LICENSE INFORMATION:

PRACTITIONER NAME:	
LICENSE NUMBER:	ACCOUNT:
LICENSE STATE:	
EXPIRATION DATE:	
OD () MD () DO () Other ()	

BANKING / CREDIT INFORMATION

PRINCIPAL BANK NAME:		BANK ACCOUNT NUMBER:		
BANK ADDRESS:	CITY	STATE	ZIP:	PHONE / FAX:

TRADE REFERENCES

(LIST 3 CREDIT REFERENCES IN THE INDUSTRY TO WHOM YOU HAVE SENT SUBSTANTIAL BUSINESS IN THE PAST YEAR) _

NAME & ACCOUNT NUMBER	ADDRESS	PHONE / FAX
1)		
2)		
3)		

Dated: _____ Authorized signature: _____

At: _____ Title: _____

Phone: _____ Address: _____