

# New Account Information



Customer Name \_\_\_\_\_

Email Address \_\_\_\_\_

Sales Rep: David Leyva GPO Affiliation: \_\_\_\_\_

8020 Tyler Blvd.  
Mentor, OH 44060

Date: \_\_\_\_\_

Please fill out the form completely and fax to (440) 701-1482. This information will be used to set up your account and must be accurate and legible.

Bill to/Ship to Name: \_\_\_\_\_

Bill to/Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Anticipated Sales Volume: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Taxable: YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, attach Tax Exemption Certificate and return with this sheet)

Organization Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Ordering Pharmacy "RX" items? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, Provide State Pharmacy License# \_\_\_\_\_

Service on Equipment? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes make, model and serial# \_\_\_\_\_

### Principals, Partners, and Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Bank & Trade Reference:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

The undersigned certifies the above information given for credit purposes is true and authorizes SourceOne Healthcare Technologies, Inc to investigate references. The undersigned authorizes all parties to release credit and financial information requested as a process of said investigation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_