

◆ **Section A – Company Information**

Date: _____ What line of credit do you require? _____

For requests under \$2,500 please complete only **Section A**. For requests exceeding \$2,500 please complete both **Sections A & B**.

Account Number: _____

Complete Business Name and Address (Shipping Information)

Name _____

Address _____

City _____

State _____ Zip _____

Telephone # _____

Fax # _____

Email _____

Business Legal Name and Address (Billing Information)

Name _____

Address _____

City _____

State _____ Zip _____

Telephone # _____

Fax # _____

Email _____

Type of Business: Corporation Partnership Sole Proprietor * (social security # is required) Other _____

Principal Owner(s) _____

Social Security Number(s)* _____

Nature of Business _____

Years in Business _____

Name of Contact Person _____

Contact Phone # _____

DEA # _____

◆ **Attach copy of DEA license, Tax Exemption Certificate, and/or a copy of a W-9 or Business License**

Tax Exempt: Yes _____ No _____ **If you are exempt from paying sales tax in your state, please supply a copy of your state sales tax exemption certificate with your complete application.

◆ **Section B – Business/Bank References**

Business Reference Name	City	State	Phone #	Account#
1) _____				
2) _____				
Bank Reference Name _____			Phone # _____	
Address _____		City _____	State _____	Zip _____
Checking Account Number _____			Savings Account Number _____	

You must sign this form below. Standard Terms are Net 30 Days.

Each of the undersigned individuals authorizes SHS, Select Health Services, LLC to make inquires with any credit reporting agency, bank or trade reference in connection with the extension or credit contemplated hereby.

Principle, Owner, or Authorized Agent _____ Title _____ Date _____

Signature: _____

Signature: _____

The Applicant warrants the information supplied above to be true, and agrees that information set forth on this form may be shared with affiliates of SHS, Select Health Services, LLC. The Applicant authorizes SHS, Select Health Services, LLC to investigate the references herein, statements or other data obtained from Applicant or from any other person pertaining to the Applicant's credit and financial responsibility.

The Applicant agrees to abide by the Standard Terms of Sale published regularly by SHS, Select Health Services, LLC as shown on Select Health Services' invoices, or by any other terms of sale upon which SHS, Select Health Services, LLC and the Applicant should agree in writing. The Applicant agrees to pay interest on past due accounts at the highest rate permitted by law, together with attorneys' fees and all other costs and expenses incurred by Moore Medical in collecting such accounts. The Applicant agrees that all payments to which SHS, Select Health Services, LLC is entitled shall be paid to SHS, Select Health Services, LLC.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.

◆ **Complete this form and fax to: (504)737-4500 / (8766) 822-4500 or mail to: SHS, Select Health Services, LLC
560 People's Plaza, Box 193, Newark, DE 19702**

FAX OFFERS: In order for SHS, Select Health Services, LLC to send you money-saving offers and view medical product information via FAX, we need your authorization. By signing below (actual signature required), you consent for your organization to receive fax communications from SHS, Select Health Services, LLC.

Signature: _____ Date: _____

Print Name: _____ Title: _____