



# Business Application

## CONTACT INFO

Last:	First:	Middle Initial:
Phone:	Email:	Company Website:

## COMPANY INFORMATION

Business Name:	DUNS#:	Tax I.D. Number
Are you Tax Exempt?	YES	NO
Type of Business:	In Business Since:	
Wholesale DME Pharmacy Clinical IBCLC Corporate Other		
Legal Form Under Which Business Operates:	Corporation	Partnership
Name of Company Principal Responsible for Business Transactions:	Proprietorship	
Accounting Department Email:	Title:	
*REQUIRED		
Billing Address:	City:	State: ZIP: Phone:
Shipping Address: (If different from above)	City:	State: ZIP: Phone:
Are you apart of the VGM or Essentially Woman GPO/Buying Group?	YES	NO
If yes to above, please provide your VGM # or EW #		

## CREDIT & PURCHASING INFORMATION

Will you be applying for credit with us?	YES	NO
For inventory purposes, what will your order frequency be?	WEEKLY	BI-WEEKLY
Which items do you plan on purchasing?	ONLY PUMPS	PUMP AND ACCESSORIES
Do you bill through insurances?	YES	NO
Is yes to above, which providers?		
Who do you plan to sell products to?	END CONSUMER	WHOLESALE TO RESELLERS
Accepted Payment Methods:	INTERNAL USE ONLY	
CREDIT CARDS – CHECKS – ACH WIRE TRANSFER		

## SHIPPING AND CARRIER REQUIREMENTS

We select the most economical shipping carrier for your orders. Would you prefer to use your own carrier account #?	YES	NO
If yes, Which carrier?	Account number:	
Do you accept pallet delivery?	YES	NO
Do you have a receiving dock?	YES	NO
Do you require inside delivery?	YES	NO
Do you have equipment to unload pallets? (forklift, pallet jack, etc.)	YES	NO

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date