MDP

precision crafted quality

www.medicaldevicepurchase.com 1-916-663-4165

MDP CREDIT ACCOUNT APPLICATION FORM

Company Information

Billing Information:

Facility Name _____

Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Main Fax _____ Tax ID _____

Attention to _____ Bank _____

Account Number _____ Routing Number _____

Shipping Information: *(Fill out only if different than billing.)*

Facility Name _____

Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Main Fax _____

Attention to _____

Standard Payment Terms for Your Facility:

Net 30 Days _____

Tax Exempt (If YES, tax exemption documents must be attached) Yes ☐ No ☐
This question only applies to CA customers only.

DUNS# (if applicable) _____ Year Established _____

MDP CREDIT ACCOUNT APPLICATION FORM (cont.)

Purchasing Contact Information:

First Name _____ Last Name _____

Department _____

Phone _____ Fax _____

Other Persons Authorized To Purchase:

1 _____ 2 _____

Accounts Payable Contact Information:

First Name _____ Last Name _____

Title _____ Department _____

Phone _____ Fax _____

Payment Terms *(Please read carefully.)*

All invoices issued by Medical Device Purchase, LLC are payable Net 30 days from the date of the invoice for all accounts with an approved line of credit. In the event that an invoice becomes 15 days past due, Medical Device Purchase, LLC reserves the right to charge a late fee of 5% for the past due amount of any and all invoices. You will be notified before this occurs and you will receive a copy of the paid invoice once payment has been received. Please make all checks payable to Medical Device Purchase.

Agreement

Applicant agrees that extension of credit by Medical Device Purchase, LLC shall be subject to and in consideration of the "Terms and Conditions" located at www.medicaldevicepurchase.com. Applicant understands that MDP will make its usual credit investigation and authorize applicant's bank to release information as requested by MDP. The undersigned agrees that all credit extended shall be deemed subject to the terms herein agreed to.

Privacy Policy

The information provided is only used to fulfill your specific request, unless you give us permission to use it in another manner, for example to add you to one of our mailing lists for special deals or introduction of new products and services. We do not share any personal information with any third party, period.

Authorized Signature _____ Title _____

Date _____

Please submit or email this form to: sales@medicaldevicepurchase.com