

Medical Products, Inc.
PO Box 207
511 East Walnut
Ripley, MS 38663
Phone 800-638-0489*Fax 800-837-8572
<http://www.med-pro.com>
CREDIT APPLICATION

Company Name: _____

Address (Billing): _____

City, State, Zip: _____

Address (Shipping): _____

City, State, Zip: _____

**For multiple shipping destinations , please attach a separate sheet.

Phone: () _____ Fax: () _____ Email: _____

() Corporation, Date Incorporated: _____ Tax ID #: _____

() Sole Proprietary, Date of Ownership: _____ Tax ID #: _____

() Partnership, Date of Partnership: _____ Tax ID #: _____

PRINCIPAL OFFICERS AND/OR PARTNERS

1. Name _____ Title _____ Tel _____

Address _____ SSN _____

2. Name _____ Title _____ Tel _____

Address _____ SSN _____

***Please note that social security numbers are required to adequately check your credit. We use Equifax services for our credit checks and this information is kept strictly confidential.**

Purchasing Agent _____ Accounts Payable Contact _____

TRADE REFERENCES

Name _____ Acct# _____ Contact _____

Address _____

Phone _____ Fax _____ E-Mail _____

Name _____ Acct# _____ Contact _____

Address _____

Phone _____ Fax _____ E-Mail _____

Name _____ Acct# _____ Contact _____

Address _____

Phone _____ Fax _____ E-Mail _____

