



MediPurpose™ New Account Application

Please complete each section, sign and return to your Key Account Manager
or send to admin@medipurpose.com.

About Your Company

Company Information					
Company Name					
d/b/a					
Tax ID					
Type of Business	Corporation	Partnership	Sole Proprietor	Non-profit	
e-Business Capabilities (At least one must be selected)					
Type of Capabilities	EDI	Internet	Online Banking	Other	
If "Other" selected, please explain					
Business Background					
Number of Years in Business			Number of Years Under Present Ownership		
Have You Ever Filed for Bankruptcy?	Yes	No	Do Any Unsatisfied Judgements Exist?	Yes	No
If "Yes" to Either of the Above, Please Explain					



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Key Personnel

Owner/Principal		
Full Name		
Job Title		
Business Address		
City		
State/Province	ZIP/Postal Code	
Country		
Business Phone		
e-mail		
Accounts Payable		
Full Name		
Job Title		
Business Address		
City		
State/Province	ZIP/Postal Code	
Country		
Business Phone		
e-mail		
Materials Management		
Full Name		
Job Title		
Business Address		
City		
State/Province	ZIP/Postal Code	
Country		
Business Phone		
e-mail		



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References

Bank Reference			
Financial Institution			
Bank Officer's Full Name			
Job Title			
Business Address			
City			
State/Province		ZIP/Postal Code	
Country			
Business Phone			
Credit Reference #1 (Trade references only; no landlords, credit cards or bank loans)			
Company Name			
Full Name			
Job Title			
Business Address			
City			
State/Province		ZIP/Postal Code	
Country			
Business Phone			
Credit Reference #2 (Trade references only; no landlords, credit cards or bank loans)			
Company Name			
Full Name			
Job Title			
Business Address			
City			
State/Province		ZIP/Postal Code	
Country			
Business Phone			
Additional Information (Optional; please include any pertinent information that you want to share)			



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Applicant Information

Applicant		
Full Name		
Job Title		
Business Address		
City		
State/Province	ZIP/Postal Code	
Country		
Business Phone		
e-mail		

In consideration for credit being extended, I or we acknowledge and agree to the following:

1. Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery.
2. Any charges unpaid after the above 30 days are to be increased by 1.5% per month
3. Any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser
4. The venue for any lawsuits will be Gwinnett County, Georgia, USA
5. All claims, requests for adjustments, or notification of errors must be made within 30 days, or charges are considered accepted
6. This agreement shall apply to all current and future charges unless revocation is received by registered mail.
7. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

Applicant's Signature	
Date	