



121 Duchaine Boulevard New Bedford, MA 02745 Phone: 508-995-8331 Fax: 508-995-4187 Email: ar@milhench.com

APPLICATION FOR CREDIT

BUSINESS INFORMATION

Date of Application:	Anticipated Monthly Sales: \$	Date business commenced:
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COMPANY NAME:

Billing address:	Shipping Address:
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Street	Street
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City, State, Zip	City, State, Zip
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Phone:	Fax:	E-mail:
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Sole proprietorship:	Partnership:	Corporation:	Other:
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Healthcare Organization? YES / NO	circle all contracts that apply Amerinet / Broadlane / MedAssets Novation / Premier / Select Health
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Accounts Payable Contact:

Phone:	Fax:	E-mail:
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Would you like to receive invoices by fax or email? Y / N	Fax:	E-mail:
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Would you like to receive statements by fax or email? Y / N	Fax:	E-mail:
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Are the items you purchase from us taxable?	ALL	NONE (provide tax exempt cert)	SOME (provide tax exempt cert)
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Purchasing Contact:

Phone:	Fax:	E-mail:
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Bank name:

Bank address:	Phone:
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City:	State:	ZIP Code:
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Type of account: Checking / Savings	Account number:
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Savings	
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Checking	
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Other	
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BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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AGREEMENT

1. All invoices are to be paid by cash or check 30 days from the date of the invoice, or per agreed upon terms. All payments made by credit card are due upon receipt of invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Milhench Supply to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE:

Title:	Date:
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