

Associated Medical Supply
15210 N 75th Street
Scottsdale, AZ 85260

1-800-637-2513
fax: (480) 991-3395
email: info@amedical.com

480.998.1684

1. COMPANY INFORMATION

Full Legal Name/Business Entity **Phone Number** **Fax Number** **Email address**

Shipping Address

Billing Address (If different from above) **City** **State** **Zip**

Company Type: (circle one)

Proprietorship **Partnership** **Franchisee** **Corporation** **Other**

2. BUSINESS CREDIT INFORMATION

Federal I.D. (if incorporated) **Principal business of firm** **Year business established**

At present location since. **Incorporated under laws of what state?** **Credit line requested**

1. PROPRIETOR AUTHORIZATION

By signing this Application, I authorize Associated Medical Supply (hereafter called AMS) or its agent to investigate my personal credit and financial records including my bank records. As part of such investigation, I authorize AMS to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with AMS and the marketing of other products and services to me and my business by AMS. I further authorize AMS to share the information received from my consumer credit report with AMS parent, subsidiaries, and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address for the consumer credit reporting agency that furnished the record.

First Name **Initial** **Last Name** **Social Security Number** **State Practice License #**

Present Home Address **Home Phone Number**

City **State** **Zip** **Email address**

Authorized Signature **Date**

2. PROPRIETOR GUARANTY

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Associated Medical Supply required by, the agreement of which this Application is a part.

First Name **Initial** **Last Name** **Social Security Number** **State License #**

Present Home Address **Home Phone Number**

City **State** **Zip** **Email address**

Authorized Signature **Date**