



6420 Richmond Ave. Suite 233  
 Houston, Texas 77057  
 Toll Free: (877) 706-4480  
 Fax: (713) 706-4161

# Credit Application

**Business Name:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Federal Taxpayer ID:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Check One : Corporation ( ) Partnership ( ) Proprietorship ( ) Years in Business \_\_\_\_\_

Description of Business/Practice: \_\_\_\_\_

**OWNERS/OFFICERS: (List full legal name, title and home address)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BANK REFERENCES:**

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Loan #: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Loan #: \_\_\_\_\_

**VENDOR REFERENCES**

|    | COMPANY'S NAME | CONTACT NAME | PHONE # | FAX # |
|----|----------------|--------------|---------|-------|
| 1. |                |              |         |       |
| 2. |                |              |         |       |
| 3. |                |              |         |       |
| 4. |                |              |         |       |
| 5. |                |              |         |       |

I here authorize MSEC - Medical Supplies & Equipment Co. LP to make a complete credit check on our company and principals of the same as individuals and to relate this information to others as necessary to secure credit approval. I also authorize the above banks and references to release any information that may be requested by MSEC - Medical Supplies & Equipment Co. LP. I certify this statement is true and correct. I understand that if approved, my credit terms will be net 30 days.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_