



6009 Richmond Ave. Suite 200  
 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	TELEPHONE	CONTACT/ACCONT #

I here authorize MSEC - Medical Supplies & Equipment Co. LLC 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. LLC. I certify this statement is true and correct.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Title Date