



Date _____ Credit Limit _____ Terms _____

Company _____

Trade or DBA _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Corporation ___ LLC ___ Partnership ___ Sole Proprietorship ___

Fed ID or SSN _____ Tax-Exempt _____
(attach exempt form)

Purchasing Contact

Name _____ Title _____

Phone _____ Email _____

Accounts Payable Contact

Name _____ Title _____

Phone _____ Email _____

Bank and Two Trade References

Name _____ Contact _____

Address _____ Email _____

Phone _____ Fax _____ Acct# _____

Name _____ Contact _____

Address _____ Email _____

Phone _____ Fax _____ Acct# _____

Name _____ Contact _____

Address _____ Email _____

Phone _____ Fax _____ Acct# _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution and business references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. It is also agreed that all invoices will be paid in accordance with the terms and finance charges assessed on any past due invoices at the rate of 1 1/2% per month (18% APR) Together with any court costs, attorney's fees and costs of collection that EasyMedOnline may incur in enforcing the terms of this agreement.

Company _____ **Date** _____

Signed _____ **Title** _____

Please Mail or Fax completed application to:

EasyMedOnline
320 Main Street, #B
Seal Beach, CA 90740
1-800-996-6575
Fax 1-877-996-6574

Thank You! We look forward to doing business with you!