



Medical Products, Inc.

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www.med-pro.com

CREDIT APPLICATION

Company Name: _____

Address (Billing): _____

City, State, Zip: _____

Address (Shipping): _____

City, State, Zip: _____

**For multiple shipping destinations, please attach a separate sheet.

Phone: () _____ Fax: () _____ Email: _____

Purchasing Agent _____ Accounts Payable Contact _____

() Corporation, Date Incorporated: _____ Tax ID #: _____

() Sole Proprietary, Date of Ownership: _____ Tax ID #: _____

() Partnership, Date of Partnership: _____ Tax ID #: _____

PRINCIPAL OFFICERS AND/OR PARTNERS

1. Name _____ Title _____ Tel _____
Address _____ SSN _____

2. Name _____ Title _____ Tel _____
Address _____ SSN _____

***Please note that social security numbers are required to adequately check your credit. We use Equifax services for our credit checks and this information is kept strictly confidential.**

TRADE REFERENCES

Name _____ Acct# _____ Contact _____
Address _____
Phone _____ Fax _____ E-Mail _____

Name _____ Acct# _____ Contact _____
Address _____
Phone _____ Fax _____ E-Mail _____

Name _____ Acct# _____ Contact _____
Address _____
Phone _____ Fax _____ E-Mail _____

BANK REFERENCE

Bank _____ Branch _____
Contact _____ Acct #: _____
Phone _____ Fax _____

