

The undersigned company is applying for credit with Ixthus Medical Supply, Inc. and agrees to abide by the standard terms and conditions of Ixthus Medical Supply, Inc. as printed below. **You can enter your information on your computer keyboard and click the print button to send to your printer.** As your financial institution may require a signed copy, please sign and **fax your agreement to 262-878-9009.**

Business Contact Information

Company name: _____ DBA (if different): _____

Contact Person	Purchase Order Required	Federal Tax ID or Social Security Number
	Yes No	

Registered company address: _____ City: _____ State _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Year business commenced: _____ Business Type : Sole Proprietor Partnership Corporation

Names, Titles and addresses of your three chief corporate officers _____

Banking Information

Bank	Bank Address	City:	State	ZIP Code:
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Contact	Phone	Fax	Email
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Checking Account	Savings Account	Other Account
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Trade References

Company	Contact
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Address:	City	State:	Zip Code:
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Phone:	Fax:	E-mail:
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Company	Contact
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Address:	City	State:	Zip Code:
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Phone:	Fax:	E-mail:
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Company	Contact
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Address:	City	State:	Zip Code:
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Phone:	Fax:	E-mail:
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Agreement

An Invoice is included with your order, no statement will be sent. All payments will be due Net 15 days. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

I represent that the above information is true and given to induce Ixthus Medical Supply, Inc. to extend credit. My company and I authorize Ixthus Medical Supply, Inc. to make such credit investigations as Ixthus Medical Supply, Inc. sees fit, including contacting the above trade references and banks, and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Ixthus Medical Supply, Inc. any and all information concerning the financial and credit history of my company and myself.



 Authorized Signature

 Date