

# Supplyline (dba Biomed Supplyline) - Credit Application

P.O. Box 13305 Chesapeake, Va. 23325 (757) 424-6914 fax: (757) 424-6409

## Applicant Info:

Company Name: _____	Contact Name: _____
Billing Address: _____	Department: _____
City, State, Zip _____	Phone Number: _____
Shipping Address: _____	Fax Number: _____
City, State, Zip: _____	e-mail address: _____
Federal ID # _____	Web Site: _____

## References:

Company #1: _____	Company #2: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Contact: _____	Contact: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Account Number: _____	Account Number: _____

Company #3 _____	Bank: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Contact: _____	Contact: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Account Number: _____	Account Number: _____

If approved for an open account, I (we) agree to the following terms: Purchases are **Net 30 FOB Point of Origin**. Any invoices over 15 days late will be subject to a late penalty, interest charges and loss of quantity or special discounts. Any applicable sales tax, handling charges, and any charges incurred in fulfilling an order that are prepaid by Supplyline, will be added to the invoice. Any contradictory terms stated on purchase orders are null and void, unless Supplyline specifically agrees to them in advance and in writing. Submitting a purchase order which specifies contradictory terms shall not cause the terms above to be superceded if that order is fulfilled. As an authorized representative of the applicant, I agree to the above terms on behalf of the applicant. I also authorize the above named references to release credit information about the applicant named on this form.

signed: \_\_\_\_\_ title: \_\_\_\_\_ date: \_\_\_\_\_

Please fax this completed form to (757) 424-6409 or mail to PO Box 13305 Chesapeake, Va. 23325  
If exempt from sales tax, please include a copy of your certificate of exemption.