

Customer Set Up – Credit Application

(Most accounts set up within 48 hours)

Application Completed by: _____

Corporate Information

Corporate Name		
DBA/AKA (If different from company name)		Phone No. () Fax No. ()
Type of Business (Please check one) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Relationship to Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> N/A
Federal Identification Number	D&B Number	Year Business Established
Tax Status – Mandatory for application approval <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt Attach State Resale / Exemption Certificate for each ship-to location (You will be taxed if this is not received)		
Has the company ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Account Information

Billing Address	City	State	Zip Code
Shipping Address - Attach separate sheet if multiple locations	City	State	Zip Code
A/P Contact	Phone:	Fax:	Email:
Please list all GPO Affiliations	<input type="checkbox"/> Premier <input type="checkbox"/> MedAssets <input type="checkbox"/> HPG <input type="checkbox"/> Amerinet <input type="checkbox"/> Other (please list)		
Please specify your organization's capabilities with EDI – (Electronic Data Interchange) or if you are currently a member of GHX (Global Healthcare Exchange)			
<input type="checkbox"/> Not capable	<input type="checkbox"/> Not capable but working on	<input type="checkbox"/> Capable – Please provide a contact name & details on a separate sheet.	<input type="checkbox"/> GHX Member
Please specify your organization's capabilities with EFT – (Electronic Funds Transfer)			
<input type="checkbox"/> Not capable	<input type="checkbox"/> Not capable but working on	<input type="checkbox"/> Capable – Please provide a contact name & details on a separate sheet.	

Owners, Principal Officers of the Firm

Name	Title
Name	Title

Type of Business

<input type="checkbox"/> Hospital / ASC	<input type="checkbox"/> *Other Healthcare	<input type="checkbox"/> Distributor	<input type="checkbox"/> OEM	<input type="checkbox"/> Retail	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Government	<input type="checkbox"/> Research	<input type="checkbox"/> *Other Non-Healthcare
If other please specify:								

Sales information

Initial order amount: \$	Estimated <u>annual</u> dollar volume of business with Beaver-Visitec: \$
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Beaver-Visitec International, Inc.
411 Waverly Oaks Road
Waltham, MA 02452
Tel: (866) 906-8080
Fax: (866) 906-4304
Email: AccountSetupUS@beaver-visitec.com



By affixing their signatures, the undersigned (or if a Corporation, the Corporate Officer / Agent) agrees:

1. That the information contained herein is accurate, complete, and true
2. To pay all Beaver-Visitec invoices within Beaver-Visitec's sales terms as stated on the invoice. Past due invoices will be subject to late fees
3. That in the event of a billing discrepancy, you will pay the undisputed portion of all Beaver-Visitec invoices within terms of sale and submit a detailed description of the disputed amount
4. To pay all costs of collection, including actual out-of-pocket expenses
5. That Beaver-Visitec reserves the right, but not the obligation, to net monies due in order to offset outstanding debt due to Beaver-Visitec
6. To inform Beaver-Visitec immediately by written notice of any change in ownership, address, or form of business
7. The contents and information on this credit application have not been altered in any way

Additional reference information may be requested

Signature _____ Print Name _____ Title _____ Date _____

The signing of this application does not guarantee the opening of your account. All fields must be completed in their entirety with all required attachments included or the application will be denied.
PLEASE RETURN TO BEAVER-VISITEC VIA FAX to (866)906-4304 or VIA EMAIL to AccountSetupUS@beaver-visitec.com