

(TO BE COMPLETED BY AN AUTHORIZED INDIVIDUAL OF THE BUSINESS)

BILLING (STORE) NAME: _____ BUYERS NAME: _____

ADDRESS: _____ # OF EMPLOYEES (Required): _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____

HEADQUARTERS NAME & Phone #: _____

TYPE OF BUSINESS: SOLE PROPRIETOR PARTNERSHIP CORPORATION

(Owner's Name(s) and Social Security Number(s)) SS# _____

(Attach another sheet of paper if more space is required) SS# _____

(C.E.O. or President's Name - If Corporation) FED I.D. # _____

STATE RESELLER # (FIN if in state w/NO sales tax): _____

I authorize MD's Choice, Inc. to use my credit card (with then current expiration date) and/or electronic checks for any or all outstanding balance(s), personal or business, which is past due, without any further notice or notification. A copy (front and back) of the Credit Card, Company Check, Driver's License, and Reseller's Certificate may be requested.

Credit Card Info: Type _____ #: _____ Expires: _____

BANK REFERENCE: Type of Accounts at this bank? Checking Savings

BANK NAME: _____ CONTACT PERSON/OFFICER: _____

ADDRESS: _____ PHONE # (____) _____

FAX# (____) _____

CHECKING ACCOUNT # _____ DATE OPENED _____

TRADE REFERENCES (ONE YEAR OR MORE - NO LANDLORDS, CREDIT CARDS OR UTILITIES):

1. NAME: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE# (____) _____

FAX# (____) _____

2. NAME: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE# (____) _____

FAX# (____) _____

3. NAME: _____ ACCOUNT #: _____

ADDRESS: _____ PHONE# (____) _____

FAX# (____) _____

Current or Past MD's Choice Customer? Yes No Contact Person: _____

I authorize MD's Choice, Inc. to conduct any routine credit check in connection with my application for credit. MD's Choice, Inc. may use any information obtainable through this credit application or any credit reporting agencies. I understand that such information will be held strictly confidential and will remain MD's Choice, Inc. property whether or not credit is extended.

(Authorized Signature)

Date

Who Initially Set-up Account: _____ Sales Rep Assigned to Account: _____

Currently Listed as a "Stocking Store" in our Database? Yes No Send Referrals: Yes No