



MEDICAL SUPPLY CORPORATION

1421 EAST EIGHT MILE ROAD, FERNDALE, MICH. 48220

(248) 547-8100

Fax: (248) 547-8414



CUSTOMER NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

SHIPPING ADDRESS IF DIFFERENT THAN BILLING ADDRESS

IF CLINIC LIST PROPRIETER/OWNER(S)

NAME _____ SSN _____ HOME PHONE _____

HOME ADDRESS _____

INVOICE RECEIPT METHOD (CHECK ONE):

FAX ___ E-MAIL ___ MAIL ___

A/P MANAGER

PHONE

FAX

E-MAIL

CREDIT REFERENCES (LIST 3 PREFERABLY LOCAL SUPPLIERS):

INCLUDE NAME, ADDRESS, ACCT #, CONTACT, PHONE #

1.) _____

2.) _____

3.) _____

This application is made with the understanding that payment is to be made on or before the 10th of the month following purchase. A finance charge of 1.5% (APR 18%) will be added to past due balances. Prior to credit approval we will gladly accept cash, checks and all major credit cards as prepayment for all orders. Credit Application can be faxed to (248) 547-8414 ATTN: C. Mayes, emailed/scanned to cmayesmedicalsupplycorp.net or mailed to the address listed at the top of the form.

ACCEPTED/AGREED _____ DATE _____

TITLE _____