



355 INDUSTRIAL PARK BLVD
 MONTGOMERY, AL 36117
 (T) 1.866.710.7626
 (F) 1.877.453.2184

BUSINESS AGREEMENT

ACCOUNT INFORMATION					
COMPANY FULL LEGAL NAME			D.B.A. IF APPLICABLE		
PHONE #	FAX #		WEBSITE		
BILLING ADDRESS			SHIPPING ADDRESS		
(B) ADDRESS 2			(S) ADDRESS 2		
(B) CITY	(B) ST	(B) ZIP	(S) CITY	(S) ST	(S) ZIP
NATURE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> TAX EXEMPT*				FED. TAX I.D.	
INDUSTRY					
<input type="checkbox"/> NURSING HOME	<input type="checkbox"/> DME/HME	<input type="checkbox"/> GOVT / SCHOOL	<input type="checkbox"/> EMS		
<input type="checkbox"/> ALF / SCALF	<input type="checkbox"/> HOME HEALTH	<input type="checkbox"/> HEAD START	<input type="checkbox"/> PHYSICIAN CLINIC		
<input type="checkbox"/> MH/MR/IR	<input type="checkbox"/> HOSPICE	<input type="checkbox"/> DEPT OF CORR	<input type="checkbox"/> OTHER _____		

*You must provide tax exempt certificate / tax collection permit before exemption begins.

CONTACT INFORMATION		
OWNER NAME	PHONE	EMAIL
ACCOUNTS PAYABLE CONTACT	PHONE	EMAIL
PURCHASING CONTACT	PHONE	EMAIL

BANKING INFORMATION	
PRIMARY FINANCIAL INSTITUTION	ACCOUNT #
CONTACT NAME	PHONE #

INVOICE / PAYMENT INFORMATION			
PREFERRED METHOD FOR INVOICE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> EDI (Certain conditions may apply)			REQUESTED LINE OF CREDIT
BILLING FAX #	BILLING EMAIL		
PREFERRED METHOD FOR PAYMENT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> CHECK BY PHONE <input type="checkbox"/> OTHER _____			PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME ON CREDIT CARD	CREDIT CARD #	EXP DATE	CVV2
CHECKING ACCOUNT #	BANK ROUTING #		
OTHER - EXPLAIN			

