



PATIENT CHARTING SOLUTIONS SINCE 1955

NEW ACCOUNT APPLICATION

Corporate Name: _____

D / B / A : _____

Federal ID # : _____ DUNS #: _____

Billing Address: _____

Shipping Address: _____

Website URL: _____

A/P Contact Name:	Email:
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A/P Contact Phone: ()	Fax: ()
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Is your facility a member of a BUYING GROUP? Yes No If yes, which group? _____

Are Purchase Orders Required? Yes No Are Purchase Order Numbers Used? Yes No

Tax Status: Taxable: *Tax Exempt Number of Years In Business: _____

***IF TAX EXEMPT, A CURRENT TAX EXEMPTION CERTIFICATE OR RESALE CERTIFICATE MUST BE SENT WITH THIS CREDIT APPLICATION.**

Please list all individuals authorized to place orders with Carstens Inc.:

Name: _____ Title: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____ Dept: _____

Phone: _____ Fax: _____ Email: _____

Please complete and **SIGN** the Reference Authorization Form below.

FINANCIAL:

Bank: _____ Account # _____
Address: _____
Banking Contact Name & Phone: _____

TRADE REFERENCES:

(1) Name: _____ Phone: _____
Address: _____

(2) Name: _____ Phone: _____
Address: _____

(3) Name: _____ Phone: _____
Address: _____

Credit application must be signed by the Customer acknowledging the following statement:

I/we certify the foregoing information to be true and correct. I/we have been advised that the terms of sale are Net 30 Days unless otherwise noted in writing. A service charge of 1.5% per month (18% annual) will be made on any invoices over 30 days past due. I/we further agree to pay any reasonable attorney's fees and costs in the event of a suit to effect collection of monies due.

_____	_____		
Officer / Other Authorized Signature	Please Print Name		
_____	<table border="1"><tr><td>_____</td></tr><tr><td>Amount of Credit Requested</td></tr></table>	_____	Amount of Credit Requested

Amount of Credit Requested			
Title			

PLEASE FAX BOTH PAGES OF YOUR COMPLETED APPLICATION ALONG WITH A W-9 AND YOUR TAX EXEMPTION CERTIFICATE OR RESALE CERTIFICATE (IF APPLICABLE) TO:

1-708-669-1496 ATTN: Credit Manager

If you have questions regarding this form, please do not hesitate to contact Carstens Accounting Department at 1-800-325-6222 or your Carstens Authorized Independent Consultant.

For Interoffice Use Only:	
_____	_____
Credit Approved By	Date Processed