

orders@LEEDerGroup.com

Credit Application/New Account

Company Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ email _____

Owner or Principal: _____ website _____

Person to contact regarding this application: _____ by Web download

Type of Ownership: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC

Date Established: ____/____/____

Trade Function: ___ DME ___ HME ___ SNF ___ Hospital ___ Distributor ___ Retailer ___ Other

Trade References

1. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Account No: _____

2. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Account No: _____

3. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Account No: _____

Bank Reference

1. Bank Name: _____ City: _____ State: _____

Contact: _____ Phone: _____ Fax: _____

2. Bank Name: _____ City: _____ State: _____

Contact: _____ Phone: _____ Fax: _____

Applicant agrees to terms and credit limit approved, 60 day past due credit hold, 15% collection penalty plus legal costs.

Application Complete By: _____ Print Name: _____ Date: ____/____/____

Please Return Fax Completed Form to 305-436-0086 or 866-818-0373