

Williams Medical Company *

1150 South Las Brisas Place Placentia, CA 92870

INTERNET CREDIT APPLICATION

Please type or print legibly. Fax completed form to 714.961.8914

Date _____ Account Name _____

Professional License # _____ Expiration Date _____

Street Address _____

City _____ State _____ Zip Code _____ Phone _____

Billing Address _____

City _____ State _____ Zip Code _____ Phone _____

Accounts Payable _____ Attn: _____

Type of Business _____

of Years Established _____ # of Years at Present Location _____

Parent Company _____

Please Select One: Corporation Partnership Individual

Name of Controller or Authorized Officer _____

Federal Tax ID # _____ Social Security # _____

BANK REFERENCE

Name of Bank _____

Bank Account # _____ Contact Person _____

Street Address _____

City _____ State _____ Zip Code _____ Phone _____

(800) 252-8646 (800) ALBUMIN Fax (714) 961-8914

* A Division of Williams Medical Supply, Inc.

Williams Medical Company *

1150 South Las Brisas Place Placentia, CA 92870

REFERENCES

Note: Give only names of those you buy from on an open account.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

In connection with this application for credit, I authorize Williams Medical Company and my financial institution to verify the information supplied in this application. All statements made in this application are true and correct and made for the purpose of obtaining credit. Verification may be obtained from any source named on this application. Applicant's signature attests to the ability and willingness of the above named firm to pay our invoices in accordance with the following terms payment upon receipt.

Authorized By

Signature

Title

Date

(800) 252-8646 (800) ALBUMIN Fax (714) 961-8914

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