Cornell Surgical Co.
Medical Equipment & Supplies since 1945

30 New Bridge Road
Bergenfield, NJ 07621
T: 201-384-9000 F: 201-384-9111
www.CornellSurgical.com

## APPLICATION FOR OPEN ACCOUNT

Business / Practice Name: _____

Primary Business Contact: _____ Date Established: _____

Billing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Email Address for Invoices and Statements: _____

Telephone Number: _____ Fax Number: _____

Tax ID No. _____ DEA No. _____

Provide Copy of Tax Exempt form if Applicable — Provide Copy of DEA License if Applicable

Medical License: _____

Copy of Medical License Must be Provided.

### BANK REFERENCE

Bank: _____ Branch: _____

Account No. _____ Branch Telephone: _____

Contact : _____

### OTHER REFERENCES

Company: _____ Phone: _____

Account: _____ Contact: _____

Company: _____ Phone: _____

Account: _____ Contact: _____

### BUSINESS HOURS FOR DELIVERIES

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| | | | | |

### Delivery address if different than billing address:

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Please list additional office locations on a separate sheet.

I / WE AFFIRM ALL STATEMENTS MADE ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE CORNELL SURGICAL CO., TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION. WE HEREBY INDEMNIFY CORNELL SURGICAL CO., AND ITS AGENTS FROM ANY AND ALL LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

THE ABOVE AGREES TO THE SPECIFIED PAYMENT TERMS. ALL ACCOUNTS PAST DUE WILL BE SUBJECT TO 1.5% SERVICE CHARGE PER MONTH (18% ANUALLY). THE ABOVE ALSO AGREES TO PAY ALL COSTS INCURED IF COLLECTION PROCEDURINGS ARE NECESSARY.

### THIS SECTION FOR CORNELL SURGICAL CO. USE ONLY

Acct. No.: _____ Sales Rep: _____ Approval: _____