



21830 Kingsland Blvd. Suite 101A
 Katy, Texas 77450
 Phone: (713)-706-4480
 Fax: (713) 706-4161

Credit Application

Business Name: _____

Business Phone: _____ **Federal Taxpayer ID:** _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Check One : Corporation () Partnership () Proprietorship () Years in Business _____

Description of Business/Practice: _____

OWNERS/OFFICERS: (List full legal name, title and home address)

Name: _____ Phone: _____ Title: _____ SS#: _____

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

Name: _____ Phone: _____ Title: _____ SS#: _____

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

Name: _____ Phone: _____ Title: _____ SS#: _____

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

BANK REFERENCES:

Bank: _____ Phone: _____ Contact: _____

Checking Acct. # _____ Loan #: _____

Bank: _____ Phone: _____ Contact: _____

Checking Acct. # _____ Loan #: _____

VENDOR REFERENCES

	COMPANY'S NAME	CONTACT NAME	PHONE #	FAX #
1.				
2.				
3.				
4.				
5.				

I here authorize MSEC - Medical Supplies & Equipment Co. LP to make a complete credit check on our company and principals of the same as individuals and to relate this information to others as necessary to secure credit approval. I also authorize the above banks and references to release any information that may be requested by MSEC - Medical Supplies & Equipment Co. LP. I certify this statement is true and correct. I understand that if approved, my credit terms will be net 30 days.

Signature: _____ Title: _____ Date: _____

Name: _____