



4909 Murphy Canyon Rd., Suite 120
San Diego, CA 92123
Customer Service: (800) 635-9729
www.MXRimaging.com

MXR Sales Rep: _____

GPO Affiliation: _____

**Please complete this form legibly to ensure proper set-up of your account.
Email completed form to: newaccounts@mxrimaging.com**

Bill to/Ship to Name: _____

Bill to/Ship to Address: _____

City: _____ State: _____ Zip: _____

If you will be shipping products to any additional locations, please list them below (including as an attachment or in an email is acceptable!):

Primary Contact Name: _____ Phone Number: _____

Primary Contact Email: _____ Email Address for Invoices: _____

Accounts Payable Contact Name: _____ Accounts Payable Number: _____

AP Email: _____ Years in Business: _____

Taxable: YES NO (If no, please attach the Tax Exemption Certificate and return with this sheet)

Market Identifier:	College / University	Hospital	Podiatrist
Ambulatory Surgery Center	Dental	Imaging Center	Urgent Care
Cancer Center	Doctor / Physician	Industry	Veterinarian Practice
Chiropractor	Government	Orthopedics	Veterinarian Specialty

Tax ID #: _____ DUNS #: _____

Ordering Pharmacy "RX" Items? YES NO If yes, provide state pharmacy license # _____

Equipment Service Required? YES NO If yes, make, model, and serial # _____

Principals, Partners, and Officers (if additional, please include on a new page):

Name: _____ Title: _____

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

Bank & Trade Reference (only complete this section if you are purchasing capital equipment):

Bank Name: _____ Branch: _____ City: _____ State: _____

Phone Number: _____ Fax: _____ Contact: _____

Type of Account: _____ Account Number: _____

Trade Reference: _____ City: _____ State: _____

Phone Number: _____ Contact: _____

The undersigned certifies the above information given for credit purposes is true and authorizes MXR Imaging to investigate references. The undersigned authorizes all parties to release credit and financial information requested as a process of said investigation. By signing this credit application, I understand and agree to the payment terms and conditions set forth by MXR. I understand that any delinquent payment or default may result in additional finance charges, collection fees or court costs.

Name: _____ Signature: _____ Date: _____