



Sales Rep: _____ Account Number: _____
GPO Affiliation: _____ Date: _____

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: _____

Primary Contact Name: _____ Phone Number: _____

Primary Contact Email: _____ Email Address for Invoices: _____

Years in Business: _____ Anticipated Sales Volume: _____

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

Type of Organization Individual: _____ Partnership: _____ Corporation: _____

Market Identifier: ___ Ambulatory Surgery Center ___ Cancer Center ___ Chiropractor ___ College/Univ ___ Dental ___ Doctor/Physician ___ Government ___ Hospital ___ Imaging Center ___ Industry ___ Ortho ___ Podiatrist ___ Urgent Care ___ Veterinarian

Tax ID #: _____ DUNS #: _____

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

Service on equipment? 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: _____

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 Merry X-Ray 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 Merry X-Ray. I understand that any delinquent payment or default may result in additional finance charges, and could be subject to third party collection fees.

Name: _____ Signature: _____ Date: _____