THOMAS MEDICAL
a MedGyn company
100 W. Industrial Rd. Addison, IL 60101 USA toll-free: 800.556.0349 sales@thomasmedical.com

NEW CUSTOMER APPLICATION

Please complete and email back to: sales@thomasmedical.com

Billing Address				**Shipping Address:**	
Name:				Name:	
Address:				Address:	
City, State, Zip:				City, State, Zip:	
Bill to GLN #:				Ship to GLN #:	
A/P Contact:		Phone#		Email	
Buyer Contact:		Phone#		Email	
Alt. Contact:		Phone#		Email	

Electronic Invoicing E-Mail Address: ______________________________

Electronic Invoicing: Check box to receive invoices electronically via e-mail instead of USPS mail. ☐

Type of Business:

☐ Distributor ☐ Clinic ☐ Hospital ☐ Physician ☐ Government

EIN (if applicable): ________________________

Tax Status: ☐ Taxable ☐ Tax-Exempt Certificate Attached (Please Attach Certificate) ☐ Resale (Please Attach Certificate)

Preferred Shipping Method:

☐ UPS Ground ☐ Best Way Other: _____________________

Bill Shipping to:

☐ Pre-Pay & Add ☐ Carrier Account # ___________________________

The applicant agrees to pay for all items within the terms granted, and if upon default, agrees to pay applicable interest or service charges, and/or collection costs associated with collecting the debt, including reasonable attorney's fees. The Undersigned warrants that all information provided is true and correct, and hereby grants authorization to verify the information by checking past credit history and investigating references to determine creditworthiness.

Signature: ________________ **Printed Name:** _____________________________ **Date:** _______________

For Internal Use Only

Customer Account Number: ________ Credit Limit: _________ Payment Terms: _________ Established Date: ________ Reviewed By: ____________