



Customer Credit Application

EMS Professionals, Inc.
 5607 Business 50 West
 Jefferson City, MO 65109
 Phone # 855-421-1855

Billing Information: Shipping Information:

Company Name: Company Name:

Address: Address:

City: State: Zip: City: State: Zip:

Phone: Phone#

Accounts Payable Contact: Email Address:

Type of Organization:

Volunteer:	Private Business:	Municipal/Gov:
Non-Profit:	Sole Proprietorship:	Partnership:
Corperation:		

Type of Business:

Hospital: College/University: Distributor:

Ambulance/Fire Dept: Nursing Home: Clinic:

Date Started: FEIN or SSN#

State Sales Tax I.D.# Exempt Y/N Expiration Date:

Subsidiary/Div. of: Are Purchase Orders required?

Yes: No:

The following persons are authorized to purchase from this account:

1) Name: Title:

2) Name: Title:

3) Name: Title:

Bank Reference: Account#

Address: City:

Phone #: State: Zip:

Fax # Contact Name:

The information provided in this credit application is for the purpose of obtaining credit from EMS Professionals, and is warranted to be accurate and factual. Applicant agrees to pay for all purchases net 30 days from invoice date. A late charge for past due account balances will be added.

Authorized Signature: Title:

(Officers, owners or directors ONLY)

Trade Reference: Terms: Avg. Purch/Month:

Address: Acct #: Ph#

Trade Reference: Terms: Avg. Purch/Month:

Address: Acct #: Ph#