

# CREDIT APPLICATION

NAME OF COMPANY OR INDIVIDUAL

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

PHONE NUMBER

CONTACT FOR REFERENCE TO INVOICES

EMAIL ADDRESS

TYPE OF BUSINESS

NUMBER OF YEARS IN BUSINESS

FEDERAL ID#

SALES TAX EXEMPT # (ATTACH FORM)

NAME OF PREDECESSOR BUSINESSES

BANK REFERENCE

ACCOUNT NUMBER

CONTACT

TELEPHONE NUMBER

BUSINESS REFERENCE	
ADDRESS	
ACCOUNT NUMBER	CONTACT
TELEPHONE NUMBER	EMAIL ADDRESS

BUSINESS REFERENCE	
ADDRESS	
ACCOUNT NUMBER	CONTACT
TELEPHONE NUMBER	EMAIL ADDRESS

BUSINESS REFERENCE	
ADDRESS	
ACCOUNT NUMBER	CONTACT
TELEPHONE NUMBER	EMAIL ADDRESS

SIGNATURE

TITLE

DATE

WHEN COMPLETED FAX OR EMAIL TO:  
SomnoMed Accounting (972) 377-3404 AR@somnomed.com

