



**CREDIT APPLICATION**

1211 Arion Parkway Suite 118  
 San Antonio, TX 78216-4136  
 (210) 366-1230 phone  
 (210) 366-1250 fax  
 1-800-397-0557

**PART ONE APPLICATION MUST BE COMPLETED IN FULL BEFORE PROCESSING**

LEGAL NAME: \_\_\_\_\_

BILL TO: \_\_\_\_\_ SHIP TO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RESALE/TAX EXEMPT #: \_\_\_\_\_

FAX: \_\_\_\_\_ FEDERAL ID/SS #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Authorized to Purchase Prescription Items  Yes  No

DEA Registration #: \_\_\_\_\_ Medical Director Name: \_\_\_\_\_  
 (Attach Copy of License)

NAMES OF OWNERS OR PRINCIPALS \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

INCORPORATED \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

Account Manager: \_\_\_\_\_ How many years in business? \_\_\_\_\_ Est. Month Purchase \$ \_\_\_\_\_

(An Account must purchase \$250/month or \$3000/ year to qualify for an open account.)

**TRADE REFERENCES**

NAME	MAILING ADDRESS	TELEPHONE	ACCOUNT #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Bank Name: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

NOTICE: SEE **PART TWO** FOR TERMS AND CONDITIONS OF AGREEMENT

**PART TWO**

**CONDICTIONS AND AGREEMENT**

AGREEMENT BETWEEN MEDICAL WHOLESALE, INC.  
AND \_\_\_\_\_

In submitting this credit application, it is understood that MEDICAL WHOLESALE, INC. is authorized to investigate the credit of the applicant. Terms of sale are; total amount is due in full within 30 days following the invoice date. In the event of delinquency, the applicant agrees to pay all reasonable attorney's fees and/or costs for the use of a collection agency incurred in the collection of the account. The applicant affirms that the financial ability exists to meet any commitments it has made, and will pay MEDICAL WHOLESALE, Inc.'s invoices according to the terms above.

Applicant also agrees that:

1. The extension of credit by Medical Wholesale, Inc. to applicant serves as consideration for applicant's agreements and that the account is payable in the offices of Medical Wholesale, Inc., located in Bexar County at 1211 Arion Parkway Suite 118 San Antonio, TX 78216
2. A current financial statement (audited if available) is attached.
3. Applicant grants Medical Wholesale, Inc. a security interest in all inventory furnished to applicant by Medical Wholesale, Inc., and all proceeds there from, to secure payment of all amounts which applicant owes Medical Wholesale, Inc. Applicant agrees to execute financial statements and such additional documents as Medical Wholesale, Inc. may reasonably request to evidence the security interest and allow Medical Wholesale, Inc. to perfect the security interest.
4. If any provision of this agreement shall for any reason be held in violation of any applicable law, governmental rule or regulation, or causes the agreement to be held unenforceable, the invalidity of that specific provision in this agreement shall not be held to invalidate the remaining provisions of this agreement.
5. THE LAWS OF THE STATE OF TEXAS AND APPLICABLE FEDERAL LAW SHALL GOVERN THE INTERPRETATION AND ENFORCEMENT OF THIS AGREEMENT. APPLICANT ALSO AGREES THAT THE COURTS OF BEXAR COUNTY HAVE JURSDICTION OF ANY DISAGREEMENT OR CONTROVERSY CONCERNING THIS ACCOUNT.

SIGNED AND PERSONALLY GUARANTEED ON BEHALF OF THE APPLICANT BY:

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDERS? \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

**PART THREE**

**TO BE COMPLETED BY MWI CREDIT MANAGER**

BANK RECORD VERIFIED:

TRADE REFERENCES CHECKED:

Account Status

Payment History

Name	High Credit	Amount Owing	Past Due	Prompt	Slow
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Account Status Approved:

Regular Charge      C.O.D.

CREDIT LIMIT ESTABLISHED

\_\_\_\_\_

CREDIT ESTABLISHED ON:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_