



NEW ACCOUNT APPLICATION

Date _____

Referred by: _____

Account Information

Name of Business:		Business Type		Tax ID #
Street		<input type="checkbox"/> Sole Proprietor		_____
P.O. Box		<input type="checkbox"/> Partnership		_____
City		<input type="checkbox"/> Corporation		_____
Suite		Phone	Fax	E-Mail Address
Accounts Payable Contact		State	Zip	Years in Operation
Doctor's Name		Accounts Payable Phone	Years at This Location	
Office Manager's Name				

Owner Information

Principle Owner's Name		
Street	Suite	E-Mail Address
P.O. Box	Phone	Fax
City	State	Zip

References List three current suppliers we may contact for account and credit verification. Please include name, address, phone number & account number.

Name and Address	Phone	Account Number
Name and Address	Phone	Account Number
Name and Address	Phone	Account Number

Bank Information

Name and Address	Phone	Account Number
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Payment Terms Invoices will accompany each order filled by the lab. A monthly statement shall be sent summarizing all amounts due. Payment shall be made in accordance with the amount set forth on the statement and is due by the 15th day of each month. All past due amounts shall be subject to a finance charge of one and one-half percent (1 1/2%) per month. A \$25 fee will be assessed on all returned checks.

I hereby certify that I am an authorized agent and that the above information is true and correct. I promise to promptly and in good faith, pay all debts present and future in accordance with the above payment terms to AccuRx, Inc. In the event of default of payment, I will reimburse AccuRx, Inc. for any and all collection fees, court cost and attorney fees related to the collection process.

Signature: _____

Print name and title

For office use only:		
Approved by	Account Number	Credit Limit
Representative's Name	References Checked by	

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Fax 800/234-2371

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