New Account Requirements for credit application of new customers:

1. The CustomerApplication must be filled our completely.
2. Signed Customer Application must be submitted with a current W9 form to a Cevi Med customer service representative for processing.

Once opened and approved by our credit department your account will be able to make purchases using our credit system. Any changes in company and/or mergers will require a new credit application. Approval process can take up to 2 weeks depending on credit history.

Application Form

Cevi Med Sales Representative: _____

Application Date:_____

Name: _____ DBA:_____

Address: _____

City:_____ State: _____ Zip:_____

Federal ID#_____ Date Established: ___/___/___

Telephone: _____ Fax# (___)_____

Email Address:_____

Type of Business: [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] Nonprofit

Website Name: _____

SALES INFORMATION

I am applying to make purchases for one of the following:

[ ] Personal [ ] Medical Office [ ] Hospital [ ] Veterinary [ ] Tattoo [ ] Health/Beauty

BUSINESS STATUS:

[ ] We are currently open for business [ ] We will be opening: _____

CREDIT REFERENCES

1. Supplier: _____ E-mail: _____

Account Number: _____Contact: _____

Telephone #: (___) _____ Fax #: (___) _____

2. Supplier: _____ Products: _____

Address: _____ Contact: _____

Telephone #: (___) _____ Fax #: (___) _____

3. Supplier: _____ Products: _____

Address: _____ Contact: _____

Telephone #: (___) _____ Fax #: (___) _____

[ ] I hereby confirm that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information provided to Cevi Med can result in discipline, including suspension or revocation of my eligibility to make purchases from Cevi Med.

Applicants Signature: _____

Applicants Name: _____ Date: _____

FOR SALES REPRESENTATIVE ONLY: [ ] W9 Provided [ ] State Tax ID Confirmed

[ ] Business Address Confirmed [ ] References Confirmed [ ] Phone Number Confirmed

Credit Information Release Letter

To whom it may concern;

Please allow this letter to act as my authorization for you to release Credit Information to:

Cevi Med
1351 S.Leavitt Ave.
Orange City, FL 32763

On any date, at any time, with a copy of this letter.

Should you have any questions regarding this request, please contact me at the address below, or telephone me at (_____) _____.

Thank you for your cooperation,

_____
Name

_____
Signature and Title

_____
Company Name

_____
Address

_____
City, State, Zip