



Customer Name: _____	Account Number: _____
Sales Rep: _____	Date: _____ GPO Affiliation: _____

**Please complete this form legibly to ensure proper set-up of your account. Email completed form to: [newaccounts@merryxray.com](mailto:newaccounts@merryxray.com).**

Bill to/Ship to Name: \_\_\_\_\_

Bill to/Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Anticipated Sales Volume: \_\_\_\_\_

Taxable: YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, attach Tax Exemption Certificate and return with this sheet)

Type of Organization Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Tax I.D. #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Ordering Pharmacy %RX+Items? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide state pharmacy license # \_\_\_\_\_

Service on equipment? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, make, model, and serial # \_\_\_\_\_

**Principals, Partners, and Officers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank & Trade Reference: (Only complete this section if you are purchasing capital equipment.)**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

*The undersigned certifies the above information given for credit purposes is true and authorizes Merry X-Ray/SourceOne Healthcare to investigate references. The undersigned authorizes all parties to release credit and financial information requested as a process of said investigation. By signing this credit application, I understand and agree to the payment terms and conditions set forth by Merry X-Ray/SourceOne Healthcare. I understand that any delinquent payment or default may result in additional finance charges, and could be subject to third party collection fees.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_