



LA Medical Wholesale
 4205 San Fernando Road
 Glendale, CA 91204
 Phone: 818-484-8880
 Fax: 818-484-8109

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Email Address :			
Address:			Phone:
City:	State:	ZIP:	Fax:

Company Information

Type of Business:	Year Established:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City:
State:	ZIP:
Phone:	

Questions for Classification Purposes

Number of Employees:	Number of Outside Sales Reps:	Number of Locations:
Selling Distribution Area:	What percentage of your sales is conducted online?	What percentage of your web sales are to businesses?
What percentage of your web sales are to consumers?	What type of marketing materials do you use to market products?	Preferred Invoice Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Number of trucks in your delivery fleet?	Do you have a showroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Order Method: <input type="checkbox"/> Phone <input type="checkbox"/> Fax
Do you purchase from a Re-Distributor: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Estimated Monthly Purchases:	Do you have a website where customers place orders? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, web address:

Principal Owners or Officers

Name	Title	Address and Phone/Fax (Including city and state)

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Printed Name

Title

*****PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE (FRONT AND BACK)*****