



# ACCOUNT INFORMATION FORM

Please return form via email upon completion

P.O. Box 25421, Portland, Oregon 97298

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## Section I: Contact Information

Company Name: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Purchasing Contact: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Section II: Business Information

Type of Organization:

Date Established:

Years in Business:

Association Affiliation: \_\_\_\_\_  
(SCA, USPI, Proliance, Amerinet, Novation, etc.)

D & B Number: \_\_\_\_\_

Tax Exempt: No:

Yes:

Tax Exempt Number:

EIN:

## Section III: Owners/Officers Information

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

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

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

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

## Section IV: Trade References

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

## Section V: Authorized User of this account (Only persons listed here will have the ability to purchase on this account).

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

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

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

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

I hereby authorize the above list (Section V) of names as Authorized Account Users for the above listed (Section I) company's commercial charge account. By signing this document I understand that I will be responsible for all charges applied to this account by any of the above named persons. The information given is warranted to be true and Applicant authorized Grantor to investigate said information. Applicant agrees to pay all collection fees and court costs incurred if it is necessary to seek legal action on the above account.

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_