

PHYSICIAN'S PURCHASING

HELPING DOCTORS MINIMIZE COST SINCE 1998

Phone: (732) 446-2650

Fax: (732) 851-6794

Email: info@physicianspurchasing.com

CUSTOMER INFORMATION			
Company Name:			
Phone:		Fax:	
Address:			
City:	State:	ZIP Code:	
Billing Address:			
City:	State:	ZIP Code:	
Shipping Address: (Only if different from Billing)			
City:	State:	Zip Code:	
BUSINESS INFORMATION			
Established Date:		Tax ID #:	
Practice Specialty:		Tax Exempt?	
(Circle One) Sole Proprietorship — Partnership/LLP — LTD. Liability Company — Corporation — Other			
Accounts Payable Contact Name:			
Email Address:			
Phone:			
BANKING INFORMATION			
Bank Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Bank Account #:			
Type of Account:			
Contact:			
DISTRIBUTOR REFERENCES			
Company:	Account #:	Phone:	
Company:	Account #:	Phone:	
Company:	Account #:	Phone:	
SIGNATURE AND DATE			
By signing this application, you are giving Physician's Purchasing permission to act as your purchasing agent. This also gives Physician's Purchasing the ability to sign any non-legally binding paperwork necessary to achieve our goals on your behalf.			
Signature:		Date:	
EMAIL OR FAX APPLICATION ALONG WITH CURRENT STATE LICENSE AND DEA LICENSE			