# 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: | | |
| 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**