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APPLICATION FOR CREDIT

PLEASE NOTE: A STANDARD COMPANY CREDIT FORM MAY BE SUBMITTED IN PLACE OF THIS APPLICATION.

APPLICANT'S INFORMATION

COMPANY NAME:
CONTACT NAME:
BILLING ADDRESS:
PHONE:
FAX:
EMAIL:
DATE BUSINESS COMMENCED:
TYPE OF BUSINESS: () SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION () OTHER:
COMPANY EIN:

BUSINESS/TRADE REFERENCES

COMPANY NAME: ACCOUNT #:
ADDRESS:
PHONE: E-MAIL:
COMPANY NAME: ACCOUNT #:
ADDRESS:
PHONE: E-MAIL:

BANK REFERENCE

BANK NAME: ADDRESS:
TYPE OF ACCOUNT: () SAVINGS () CHECKING () OTHER:
ACCOUNT #:
PHONE: FAX:

*ALL INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS STRICTLY CONFIDENTIAL.
*BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE TEMPO MEDICAL PRODUCTS, LLC TO VERIFY THE INFORMATION YOU HAVE PROVIDED.
*PENDING APPROVAL, THE APPLICANT NAMED AGREES TO PAY ALL INVOICES WITHIN THE ESTABLISHED TERMS.

SIGNATURE DATE PRINT NAME TITLE

*PLEASE ATTACH A RESALE CERTIFICATE AND A FEDERAL TAX ID, IF APPLICABLE.