



Credit Agreement (Florida)
Credit Department, 7590 Commerce Ct., Sarasota, FL 34243
(Please print and fill out completely and fax to the Credit Dept. @ 941.358.8577)

P.O. Required (Y/N) Date Invoices via: Email Mail Fax
Business Name: County
Street Address: City ST Zip
Mailing Address: City ST Zip
Entity Type: Corporation Partnership Sole Proprietorship Date/ State Estab.
Business Telephone: ( ) Fax ( )
URL: http:// Email:

Name and Address of Principal Owners or Officers:

Name: Title SS# D/O/B
Home Address: Home Phone ( )
Email: Alternate Phone Number ( )
Name: Title SS# D/O/B
Home Address: Home Phone ( )
Email: Alternate Phone Number ( )

Have you ever had business dealings with Mercedes Medical before? (Y/N)
If so, under what customer name?

Please attach a copy of your current financial statement. Certificate of Resale must be attached or sales tax will be charged (FL delivery addresses only)

Credit Experience: Name, address and telephone numbers of three (3) medical supply references:

Table with 4 columns: Name, Address, Account #, Telephone No.

