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NEW ACCOUNT INFORMATION FORM

Organization type: _____Corporation _____Sole Proprietorship _____Partnership

Company Name: _____

DBA: _____

Address: _____

Address: _____ website: _____

City, ST, Zip: _____

Phone: _____ Fax: _____ Email _____

State Tax ID: _____ Federal Tax ID: _____

Resale Certificate #: _____

Officers / Owners Names: _____ Title _____

References: (Two vendors plus one bank).

Vendor Name: _____ Address: _____ Phone: _____

Bank Name _____ Account # _____ Phone: _____

Until your account is approved, you may purchase using a credit card. Please enter personal or business credit card info below. After your account is established, terms will be Net 30 days from invoice date. If collection efforts are required, you agree to pay reasonable collection and attorneys fees and finance charges of 1.5% per month on the unpaid balance.

Signature: _____ Title _____ Date: _____

Name on card: _____

Billing address of card: _____

City, ST, Zip: _____

Card #: _____ Exp date: _____

Card type: Visa MasterCard Discover

Cardholder Signature: _____