



Credit Application

Legal Name:				Federal ID No#			
DBA:				Dun & Bradstreet #			
Web Site:							
State of Inc.				Years in Business			
Business is a: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other							
Physical Address							
Street			City			State	Zip
Bill to Address							
Street			City			State	Zip
Purchasing Contact		Purchasing Phone			Purchasing E Mail		
Account Payable Address							
Street			City			State	Zip
AP Contact			AP Phone		AP Email		
Receive Invoice by:	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Email address for invoicing				
Tax Status	<input type="checkbox"/> Taxable		<input type="checkbox"/> Exempt**				
An exemption certificate must be returned with completed application to have exempt status							
Key Markets Served							
Healthcare	<input type="checkbox"/> Hospital		<input type="checkbox"/> Clinic		<input type="checkbox"/> Dental		
	<input type="checkbox"/> EMS		<input type="checkbox"/> Physician		<input type="checkbox"/> Primary Health		
	<input type="checkbox"/> Long Term Care		<input type="checkbox"/> Rehabilitation		<input type="checkbox"/> Assisted Living		
Food Service	<input type="checkbox"/> Restaurant		<input type="checkbox"/> Producers		<input type="checkbox"/> Grocers		
Industrial	<input type="checkbox"/> San/Jan		<input type="checkbox"/> Safety	<input type="checkbox"/> Automotive		<input type="checkbox"/> Manufacturing	
Government	<input type="checkbox"/> Federal		<input type="checkbox"/> State	<input type="checkbox"/> County		<input type="checkbox"/> City	
Contracting	<input type="checkbox"/> New Construction		<input type="checkbox"/> Architects		<input type="checkbox"/> Lease Hold Improvement		
Bank References							
Name of Bank			Contact Name		Phone Number		
Street Address			City/State/Zip				
Trade References (Major Suppliers)							
1.	Name		Contact		Phone		
	Address		City/State/Zip		Account	Email	
2.	Name		Contact		Phone		
	Address		City/State/Zip		Account	Email	
3.	Name		Contact		Phone		
	Address		City/State/Zip		Account	Email	

Please return completed application with your W-9 and all tax exemption certificates to
AR@marketlab.com

Signature: _____ Title: _____ Date: _____