

BEST Orthopedic™ & Medical Services, Inc.

2356-B Springs Road, NE • Hickory, NC • USA • 828-256-1933 • Fax: 828-256-3924 • www.best-ortho.com

Please complete all information and fax or mail it to us.
You will be notified of approval status.

TRADE INFORMATION

GENERAL INFORMATION

Company Name:	Website:
Mailing Address:	Billing Address:
Phone:	Federal Tax I.D.:
Fax:	Legal Business Name:
E-Mail:	Credit Limit Requested:
Date Established:	Dun & Bradstreet #:
Annual Sales Volume:	Principal Owner():
Type of Business:	Ownership Structure (Corp., Partnership, S-Corp, etc.):

Company Contacts:

CFO / Controller:	Purchasing Agent:
Accounts Payable Manager:	Purchasing Order Authorization:

Banking Information:

Bank name:	Contact name:
Address:	Account number:
	Phone: Fax:

Trade References:

Vendor 1:	Contact name:
Address:	Phone:
	Fax:
Vendor 2:	Contact name:
Address:	Phone:
	Fax:
Vendor 3:	Contact name:
Address:	Phone:
	Fax:

To establish / maintain credit, we may contact bank and trade references you provide. Many references require written authorization to release information. Please complete the following authorization:

I hereby authorize you to release information regarding out account with BEST Orthopedic™ & Medical Services, Inc. The information provided is confidential and will only be used to establish or maintain credit.

Authorized Signature: _____ Title: _____ Date: _____