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Southern Medical Distributors

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Corporate Account Application

Business Information

Contact First Name	<input type="text"/>
Contact Last Name	<input type="text"/>
Company Name	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>
E-mail Address / Sign In	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Date Established	<input type="text"/> 
Years Under Current Ownership	<input type="text"/>
Contact Title	<input type="text"/>
VGM Member Service Organization Number	<input type="text"/>
Date Incorporated	<input type="text"/> 
State Incorporated	<input type="text"/>
Federal ID Number	<input type="text"/>
Are You Tax Exempt?	<input type="radio"/> yes <input type="radio"/> no
Tax ID Number	<input type="text"/>
Business Structure	<input type="text"/>


Partners/Principals

Name (Personal Guarantor/Principal/Officer)

Percent Owned

Social Security Number

Declared Bankruptcy? yes no

When? 

Home Street Address

City

State

Zip

Country


Phone Number

Name (Personal Guarantor/Principal/Officer)

Percent Owned

Social Security Number

Declared Bankruptcy? yes no

When? 

Home Street Address

City

State

Zip

Country

Phone Number

References

Business Bank Reference Name #1

Address

City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="text"/>
Contact Name	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Business Bank Reference Name #2	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Account Number	<input type="text"/>
Account Type	<input type="text"/>
Contact Name	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Trade Reference Name #1	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Trade Reference Name #2

City

State

Zip

Country

Phone Number

Fax Number

Trade Reference Name #3

City

State

Zip

Country

Phone Number

Fax Number

Equipment

Total Equipment Cost/Term

Equipment Description

Terms (18 Months)

Terms (24 Months)

Terms (36 months)

Terms (36 months)	<input type="checkbox"/>
Terms (48 Months)	<input type="checkbox"/>
Terms (60 Months)	<input type="checkbox"/>
Terms (\$1.00)	<input type="checkbox"/>
Terms (FMV)	<input type="checkbox"/>
Cost \$	<input type="text"/>
	<input type="text"/>