



261 Wolfner Drive
St. Louis, Missouri 63026

866-333-4030
866-333-4035 fax

Credit Application Form
Fax completed form to: 866-333-4035 or
Mail to address at left

Federal Tax ID #: _____

Company/Parent Name: _____ Years in Business: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Accounting contact: _____

Type of Business: Corporation Partnership LLC Sole Proprietor Branch of _____

Trade References

Fax numbers required to process application

Name	Account #	Address, City, State, Zip	Fax #	Phone# + Contact

Bank References

Fax numbers required to process application

Name of Bank	Account #	Address, City, State, Zip	Fax #	Phone# + Contact

Proprietors, Partners or Officers

Name	Position	Social Security #

Anticipated Monthly Purchases: _____

Sales Tax Exemption Certificate # _____ Certificate shall be considered a part of each order, unless otherwise specified.

Responsive Respiratory notifies its customers via Email when shipments are made. We also utilize your fax number to notify you on our specials and promotional programs. If you do not wish to receive this information please check the appropriate box. Yes, please notify No, do not notify Email: (purchasing dept.) _____

I certify the information in this application is correct. I grant authority to Responsive Respiratory or their representative to obtain credit information from any source listed, including my bank. All information will be held in strict confidence. If credit is granted (I) (we) promise to pay bills according to terms. Responsive Respiratory reserves the right to assess a late charge of 1 1/2% per month on balance past due. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay all costs of collection. If legal action is required (I) (we) will pay reasonable attorney's fees resulting from such action. The person executing this agreement has authority to bind the customer.

Signature: _____

Date: _____

Name: _____

Title: _____