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### Account Application

<p><b>Type of Account Application:</b> (please check one that applies)      Date: _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> DME (Durable Medical Equipment)</li> <li><input type="radio"/> MHA (Managed Healthcare Association)</li> <li><input type="radio"/> RETAIL</li> </ul> <p><b>*Opening order and credit card on file required prior to account activation</b></p>
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CREDIT APPLICATION:

Name of Applicant: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Established: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_

Contact Person:

Name & Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank References:

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

TRADE REFERENCES:

1) Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3) Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PERSONAL GUARANTY

The undersigned individually promises to pay and guarantees payment for all purchases in accordance with Ameda Direct's terms of sale. If at any time, for any reason, the purchaser is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes Ameda Direct to bill my/our account, interest computed at the legal rate of 1.5 % per month on any past due amount owing on my/our account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
Date