



State and Municipal Account Application

Application must be completed and signed, with order attached, to initiate processing.

NAME _____ Parent or Subsidiary of _____
 Do you or parent have an existing acct. #: Yes No If yes, please provide acct. #: _____
Billing Address _____
 City _____ County _____ State _____ Zip _____
Shipping Address _____
 City _____ County _____ State _____ Zip _____
 Telephone Number w/Area Code: _____
 Fax Number w/Area Code: _____
 Are Vouchers Required for Payment: Yes No If yes, please submit with orders.
 Amount of Credit Line Requested: _____
 Funding Derived From: Local Government Donations Other: _____
 FEIN #: _____ **Account Manager:** _____

STATE SALES TAX EXEMPT: Yes No
 If yes, you must provide Bound Tree Medical with a copy of your tax exemption certificate to avoid being charged taxes.
NAME AND TELEPHONE OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:
 Name _____ Phone Number _____
 Fax Number _____ Email _____

SHIPPING: Complete Only Partial Shipment Okay? Are PO's Required? Yes No
 The following persons are authorized to purchase from this account:
 1. Name _____ Title _____
 2. Name _____ Title _____
 3. Name _____ Title _____

Signature **X** _____
 Print Name & Title _____ Date _____
Please mail the completed form to: Bound Tree Medical
 PO Box 8023
 Dublin, OH 43016-2023
Payment Remittance Address: Bound Tree Medical, LLC
 23537 Network Place
 Chicago, IL 60673-1235
or Fax to: (866) 284-7504 **TIN #:** 31-1739487

For Internal Use Only

Approved By _____
 Date Approved _____ Terms _____ Limit _____



Dear Valued Customer:

In an attempt to enhance our efficiency and improve your customer experience, we are now offering you the ability to receive your invoices electronically. This green initiative will not only ensure you receive your invoices in a timely manner, but will help us to reduce excessive paper usage and reduce our carbon footprint.

To receive invoices via email or fax, please fill out the following information:

Customer Account Number: _____

Customer Name: _____

Email Address(es) (Up to 2): _____

Fax Number: _____

Requester Name: _____

Contact Phone Number: _____

Please scan, email or fax this information to the following email addresses:

Company	Email address	Phone	Fax
Bound Tree Medical	credit@boundtree.com	1-800-282-7904	1-866-284-7504

We encourage you to sign up for this opportunity and help us reduce our carbon footprint.

Kind Regards,

Your Bound Tree Credit and Collections Department