

NEW ACCOUNT APPLICATION

Account Name: _____

Type of Account: (Please check one) Retail store Physician/Practitioner Online

Shipping Address: _____

City: _____ State: _____ Zip: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: (_____) _____ - _____

Email Address: _____

Website Address: (*Required for online retailers) _____

Contact Person: _____

Federal ID (EIN) or SS#: _____ Seller's Permit No.: _____

TERMS OF PAYMENT (checks accepted. Funds must clear before shipment.):

CREDIT CARD: Visa MC AMEX Discover

Credit Card No.: _____ **Exp. Date:** _____ **CV#:** _____

This is to authorize your company to only process the credit card if not paying by check, or in case of returned checks or delinquent account.
By signing below, I acknowledge charges described hereon.

Signature of Card Holder _____ **Name of Card Holder** _____

PERSON RESPONSIBLE FOR PAYMENT (If Business is Sole Proprietorship)

Name: _____

Email Address: _____

Business Phone No.: _____ Personal Phone No.: _____

ACCOUNTS PAYABLE DEPT. INFORMATION (If Business is a Partnership or Corporation)

Contact Person: _____ Phone No. (ext.): _____

Information supplied by: _____

The undersigned individual or officer declares the above information to be true and correct.

Signature: _____ **Date:** _____

Print Name: _____

Please Note: After you have signed the above as the responsible party this form must be scanned/e-mailed, or mailed to Everyday Cardio Care, Inc. to complete this application.

For Everyday Cardio Care use ONLY, customer do not fill out this section:

Initial Order Info.: Inv.# _____ Amt: _____ Date Shipped: _____

Customer Number: _____ Approval Date: _____