

MediFAB3, LLC dba CastCoverz! Wholesale Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Account #:	Account #:	Account#:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.

Once complete, scan and email to cs@castcoverz.com or mail to CastCoverz!, 2337 Technology Pkwy, Ste F, Hollister, CA 95023

Signature

Date