



Application for Credit

Phone: (800) 827-8283 / Local Phone: (706) 213-1144
Toll Free Fax: (888) 507-7326 / Local Fax: (678) 254-1791
Email: creditapp@rehabmart.com

3651 Mars Hill Rd. Bldg 2400
Watkinsville, GA 30677

Type or Print Clearly

Company Name _____ Other Company Name(s) _____
Address _____ City _____ State _____ Zip _____
Accounts/Payable Contact _____ Phone _____ Ext _____
Fax # _____ Email _____

BUSINESS INFORMATION

Type of Business _____ Year Started _____ Organized Under Laws of _____ (State)
Resale # _____ Fed/State Tax ID _____
Dunn & Bradstreet ID _____

We are a member of: (Check all that applies)

_____ Med. Group _____ UMS _____ VGM _____ RESNA _____ NAMES
_____ Not a Member of Any Group _____ Others _____

TRADE REFERENCES

Bank Name _____ Street _____
City _____ State _____ Zip _____ Account # _____
Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____
City _____ State _____ Zip _____ Account # _____
Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____
City _____ State _____ Zip _____ Account # _____
Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____
City _____ State _____ Zip _____ Account # _____
Contact Person _____ Phone _____ Fax _____

RELEASE OF AUTHORITY TO VERIFY

I hereby authorize the above bank and trade references to release the information necessary to assist Rehabmart, LLC in approving our line of credit. I release any person or organization supplying or inquiring about such information from all liability in connection with the furnishing or use of such information.

Signature _____ Print Name _____ Title _____ Date _____