



# Medication Reminders | e-pill®

e-pill, LLC | 49 Walnut Street Bldg 4 | Wellesley, MA 02481 | USA  
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## Customer Credit Application Form

Fax to 781-235-3252 or mail to address above (use reverse side for more space)

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Please Check One:  Individual  Partners  Corporation  LLC  Tax Exempt #: \_\_\_\_\_

Federal Tax Identification Number: | | | | | | | | | |

Full Name of Owner or Owners (or an Authorized Officer of corporation). List of Home Address & Zip Code for Partnership or Individual:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business: \_\_\_\_\_

### BANK INFORMATION:

Name of Bank: \_\_\_\_\_ Account No: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Bank Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### TRADE REFERENCES:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the following terms: Net 30 days. Any balance outstanding more than 30 days will bear interest at the rate of 18% per annum or 1.5% per month. For any balance due more than 90 days, you will be responsible for any attorney's fee and cost incurred for collection.

The above information, as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

Firm Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_