



Medication Reminders | **e-pill**[®]

e-pill, LLC | 70 Walnut Street | Wellesley, MA 02481 | USA

Phone (781) 239-8255, Fax (781) 235-3252

1- (800) 549-0095 | www.epill.com

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: _____
