



New Account Application

CUSTOMER NAME

PHONE

BILLING ADDRESS

FAX

SHIPPING ADDRESS

CONTACT:

Is business tax exempt? _____

Is business a leasing company? _____

How long has business been established? _____

How long at this location? _____

BANK NAME	ACCOUNT NUMBER (required by most banks)
STREET ADDRESS	PHONE NUMBER & PERSON TO CONTACT
CITY, STATE, ZIP	FOR LYNN MEDICAL USE::
CHECKING <input type="checkbox"/> LOANS <input type="checkbox"/>	

SUPPLIER NAME	ACCOUNT NUMBER
STREET ADDRESS	FOR LYNN MEDICAL USE::
CITY, STATE, ZIP	
PHONE NUMBER	

SUPPLIER NAME	ACCOUNT NUMBER
STREET ADDRESS	FOR LYNN MEDICAL USE::
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PHONE NUMBER	

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STREET ADDRESS	FOR LYNN MEDICAL USE::
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PHONE NUMBER	

Lynn Medical standard terms of payment: 30 days net **All shipments:** F.O.B. point of delivery

Customer method of payment: Personal Institutional Lease

CUSTOMER SIGNATURE –OR– NAME OF PERSON GIVING REFERENCE	DATE
	CUSTOMER NUMBER

