



APPLICATION FOR A BUSINESS ACCOUNT

(Please *print clearly* and complete all of the following)

BUSINESS INFORMATION

Legal Company name:		FEIN#:
Company address:		
City:	State:	ZIP Code:
Country:	Country where product/service will be located/provided?	
Phone:	Fax:	Email:
Years in business:	Annual Revenue:	Source of Income:
Type of Business:		
Ownership Structure: Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		
Other <input type="checkbox"/> (Please explain)		
How many facilities do you own or operate?		
Are you aware of any adverse legal actions against your company?: Yes <input type="checkbox"/> (If yes, please explain) No <input type="checkbox"/>		
Sales Tax Exempt? Yes <input type="checkbox"/> (If yes, please attach a copy of the Tax Exemption/Re-Sale Certificate) No <input type="checkbox"/>		

FINANCIAL INFORMATION

Bank name:		
Bank address:	Phone:	Acct#:
City:	State:	ZIP Code:
Payment Method: Electronic Funds Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Company Check <input type="checkbox"/> Other:		

BUSINESS REFERENCES

Company Name:	Contact Name:	Phone:
Company Name:	Contact Name:	Phone:

OWNER / SHAREHOLDER INFORMATION (WITH A 25% OR MORE CONTROLLING INTEREST)

Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Social Security Number:	Ownership %:	Years Licensed:
Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	
Social Security Number:	Ownership %:	Years Licensed:

AGREEMENT

- All invoices are to be paid per the terms set forth in the sales quote.
- Applicant hereby authorizes the release of business and/or personal information to (1) GE Medical Systems (GEMS), its successors and assigns, from any source including credit bureau reporting agencies and Applicants bank for the purpose of extending credit. Applicant hereby certifies that all information contained in this application and authorization are true and complete. A photostatic or facsimile copy of this application and authorization shall be valid as the original. Signer represents and warrants that he or she is authorized to execute this authorization and release regarding credit information on behalf of the applicant.
- Authorization to Obtain Consumer Credit Report: By signing below, each undersigned individual, who is either a principal of Applicant or a personal guarantor of its obligations, provides written authorization to GEMS or it's designee (and assignee or potential assignee thereof) to request and review his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be valid as the original.

SIGNATURES

Name/Title:	Date:
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For Office User Only: Amount of Sale \$_____ Sales Representative Name:_____