



Argentum Medical LLC
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CREDIT APPLICATION

Please print and forward to the above address or fax to: (864) 944-0240 Attn: Ann Beatty

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

SHIP TO (if different from above):

Company Name: _____ ATTN: _____

Address: _____

City: _____ State: _____ Zip: _____

Provide name and address of parent company who would be ultimately responsible (if applicable).

Bank Reference: _____

D and B Number: _____

Federal Tax Identification Number: _____

Social Security Number (if Individual): _____

List three Trade Credit References:

Name of Reference	Address	Phone <u>and</u> Fax

In applying for credit, I understand that the information provided will be kept confidential and that we will abide by the agreed upon written payment terms. These terms will be provided upon credit approval.

Signature: _____ Date: _____

Print Name: _____ Title: _____