



**ToxSupply LLC**  
**New Business Account Setup Form**

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

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

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

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Company  Corporation  Partnership  LLC  Proprietorship

Bill to Address (if different): \_\_\_\_\_

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

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

**Business Information**

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Type of Business:  Distributor/Reseller  Clinical/Hospital  Medical Device  Government  Self use

Line of Business: \_\_\_\_\_

State Incorporated: \_\_\_\_\_

How long in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Federal Tax ID/SS No: \_\_\_\_\_ DUNS No: \_\_\_\_\_

**Financial Data**

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Estimated Annual Business with ToxSupply LLC: \_\_\_\_\_

Company Annual Sales: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Resale Certificate No./Tax Exemption No.: \_\_\_\_\_

**Bank Reference**

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

Bank Officer: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Corporate Officers/Owner**

Name: \_\_\_\_\_ Filed bankruptcy in the last 7 years? no

Title: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Filed Bankruptcy in the last 7 years? \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**Trade References**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Note**

The above information is being submitted for the purpose of allowing ToxSupply LLC to assess and/or continue to assess credit on the undersigned account. The undersigned hereby represents and warrants that the information contained herein, or submitted in correction herein, is true and complete as of the date hereof.

We hereby authorize ToxSupply LLC to contact and investigate the references, including banks, list above and we authorize the reference to release the Requested information. The undersigned hereby agrees to remit payment within the 30 terms specified on the face of the invoice. If payment is not received when due, the undersigned also agree to pay a monthly charge equal to 1.5 % of the maximum amount allowable under state law, of the unpaid delinquent balance until the amount is paid in full. If the amount is placed for collection, the undersigned agrees to pay all costs and expenses of collection, including attorneys' fee and expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Return complete application to: Accounting Dept  
ToxSupply LLC**

2645 Frederica St Suite 201-A Owensboro, Ky 42301

Ph: 270-240-1518 • Fax: 270-228-4663 • Website: www.toxsupply.com • Email: info@toxsupply.com



## ToxSupply LLC

2645 Frederica St Suite 201-A Owensboro, Ky 42301  
Ph: 270-240-1518 • Fax: 270-228-4663 •  
Website: www.toxsupply.com Email: info@toxsupply.com

Date: \_\_\_\_\_

I authorize ToxSupply LLC to charge the following credit card for overdue invoices and/or open balance exceeds the approved credit limit:

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_  
(Please feel free to provide your credit card number in full OR for your personal security you can provide the last four digits and upon our receiving your signed application our customer service rep will contact you for the remaining numbers).

Expiration Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Name on Credit Card (please print): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

I understand that this charge will incur a Transaction Fee of 3.0% (Visa, Master Card) or 4.0% (American Express).

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

Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please return this document via email or Fax. Thank you.**

If you have any questions, please contact Customer Service at 270-240-1518  
Monday – Friday 9:30am -6:00pm (Central Time).

Sincerely,  
ToxSupply Customer Service Team

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**Confidentiality Notice:**

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