



GE Healthcare Dharmacon, Inc

APPLICATION FOR A BUSINESS ACCOUNT

(PLEASE **PRINT CLEARLY** AND **COMPLETE ALL** OF THE FOLLOWING)

Email to: **ar.dharmacon@ge.com** or Fax to: **303-604-3368**

BUSINESS CONTACT INFORMATION

Legal/Registered Company name:		FEIN#:	
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Related Entities/Affiliations:			
Years in business:		Annual Revenue:	
Type of Business:	Non-Profit:	LLC:	LLP:
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS INFORMATION

Primary business address:			
City:		State:	ZIP Code:
Sales Tax Exempt? (If yes, please attach a copy of the Sales Tax Exemption/Re-Sale Certificate)			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:

BUSINESS REFERENCES

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

OWNER / PHYSICIAN / GUARANTOR INFORMATION

Name:			
Home Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Social Security Number:		Ownership%:	Years Licensed:
State of Medical Licensure:		Board Certified in:	
Name:			
Home Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Social Security Number:		Ownership%:	Years Licensed:
State of Medical Licensure:		Board Certified in:	

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) General Electric (GE), 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 GE 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

Title:	Title:
Date:	Date:
Sales Rep Name:	Amount of sale: \$