

BUSINESS CREDIT REFERENCE

Complete this form to open a customer account.

Business

Business name		Year est.	
Billing address			
City, state, zip			
Previous customer			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Previous customer number	
Business owner		Title/position	
Phone		Fax	
Email address			
Business type			
<input type="checkbox"/>	Individual	<input type="checkbox"/>	Partnership
<input type="checkbox"/>		<input type="checkbox"/>	Corporation
Specialty			
<input type="checkbox"/>	Board certified allergist	<input type="checkbox"/>	Dermatology
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	ENT	<input type="checkbox"/>	Veterinary
<input type="checkbox"/>	General practice, internal medicine, family practice	<input type="checkbox"/>	Laboratory
<input type="checkbox"/>		<input type="checkbox"/>	Government
<input type="checkbox"/>		<input type="checkbox"/>	Wholesale distributor
<input type="checkbox"/>		<input type="checkbox"/>	Teaching hospital

Purchasing

Contact authorized to place orders	Title / position
Phone	Fax
Email address	
Authorized to make account changes <input type="checkbox"/> No <input type="checkbox"/> Yes	

Accounts payable contact	Title / position
Phone	Fax
Email address	

Tax exempt	PO required
<input type="checkbox"/> No <input type="checkbox"/> Yes (provide certificate)	<input type="checkbox"/> No <input type="checkbox"/> Yes

Method to receive invoices					
<input type="checkbox"/>	Email	<input type="checkbox"/>	With order	<input type="checkbox"/>	Both
Method to receive statements					
<input type="checkbox"/>	Email	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Both

Online ordering account setup	
Online ordering account login & password will be sent separately	
Contact	<input type="checkbox"/> no online ordering account is desired
Phone	Email



Shipping

Location	
Business name	Office days / hours
Shipping address	
City, state, zip	
Phone	Fax
Office contact	Email address
Licensee at this location	NPI
License number / state	License expiration date
Licensee signature	

Location	
Business name	Office days / hours
Shipping address	
City, state, zip	
Phone	Fax
Office contact	Email address
Licensee at this location	NPI
License number / state	License expiration date
Licensee signature	

Credit Setup

- **Credit Card Account** For a credit card account, request a credit card authorization form.
- **Credit Account** Complete the sections below to establish a credit account. Provide a bank reference and 3 trade references.

Bank	
Bank name	Contact name
Address	
City, state, zip	
Phone	Fax
Email address	

Trade Reference 1	
Business Name	
Address	
City, state, zip	
Phone	Fax
Email address	

Trade Reference 2
Business name
Address
City, state, zip
Phone
Fax
Email address
Trade Reference 3
Business name
Address
City, state, zip
Phone
Fax
Email address

I hereby authorize HollisterStier Allergy to contact the provided trade and bank references pertaining to my/our credit and financial responsibility.

Name of authorized endorser
Title/position
Signature
Date

 SUBMIT FORM TO
hollisterstier@jubl.com
800-752-6258 Fax