

Vendor Credit Application

Date: _____

Vendor Name: _____

Vendor Address: _____

City, State, Zip: _____

To Whom It May Concern,

We, the undersigned, are applying for credit with your esteemed company. As a dedicated healthcare provider, we aim to establish a reliable partnership that ensures the continuous supply of essential goods and services.

Business Information:

Legal Business Name: _____

Business Type (e.g., Corporation, LLC, etc.): _____

Tax Identification Number (TIN): _____

Phone Number: _____

Email Address: _____

References:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

We appreciate your prompt attention to this application and look forward to your favorable response.

Sincerely,

Name: _____

Title: _____

Healthcare Provider Name: _____