



Cardio Partners

State and Municipal Account Set-UP Form Form Must Be Completed

NAME _____ Parent or Subsidiary of _____

Do you or parent have an existing acct. #: Yes No If yes, please provide acct. #: _____

Billing Address _____

City _____ County _____ State _____ Zip _____

Shipping Address _____

City _____ County _____ State _____ Zip _____

Telephone Number w/Area Code: _____

Fax Number w/Area Code: _____

Are Vouchers Required for Payment: Yes No If yes, please submit with orders.

Amount of Credit Line Requested: _____

Funding Derived From: Local Government Donations Other: _____

DUNS#: _____ **Account Manager:** _____

STATE SALES TAX EXEMPT: Yes No

If yes, you must provide Cardio Partners with a copy of your tax exemption certificate to avoid being charged taxes.

NAME AND TELEPHONE OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:

Name _____ Phone Number _____

Fax Number _____ Email _____

Email for Invoice Delivery if Different Than Above: _____

SHIPPING: Complete Only Partial Shipment Okay? Are PO's Required? Yes No

The following persons are authorized to purchase from this account:

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

Your Name: _____

Title: _____ **Date** _____

Please mail the completed form to: Cardio Partners
5000 Tuttle Crossing
Dublin, OH 43016

Payment Remittance Address: Cardio Partners
PO BOX 772834
Detroit, MI 48277-2834

Or Email to: Credit@Cardiopartners.com

For Internal Use Only

Approved By _____

Date Approved _____ Terms _____ Limit _____