



# Cardio Partners

# State and Municipal Account Application

Application must be completed and signed, with order attached, to initiate processing.

**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: \_\_\_\_\_

FEIN #: \_\_\_\_\_ **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 \_\_\_\_\_

**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 \_\_\_\_\_

Signature  Print \_\_\_\_\_

Name & Title \_\_\_\_\_ Date \_\_\_\_\_

**Please mail the completed form to:** Cardio Partners  
1001 Flagpole Court  
Brentwood, TN 37027

**Payment Remittance Address:** Cardio Partners  
29170 Network Place  
Chicago, IL 60673-1291

**or Fax to:** **Toll Free** 844-318-0590  
**Local** 614-760-5330

**For Internal Use Only**

Approved By \_\_\_\_\_

Date Approved \_\_\_\_\_ Terms \_\_\_\_\_ Limit \_\_\_\_\_



**Dear Valued Customer:**

In an attempt to enhance our efficiency and improve your customer experience, we are now offering you the ability to receive your invoices electronically. This green initiative will not only ensure you receive your invoices in a timely manner, but will help us to reduce excessive paper usage and reduce our carbon footprint.

To receive invoices via email or fax, please fill out the following information:

Customer Account Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Email Address(es) (Up to 2): \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Please scan, email or fax this information to the following email addresses:

<u>Company</u>	<u>Email address</u>	<u>Phone</u>	<u>Fax</u>
Cardio Partners	<a href="mailto:credit@dxemed.com">credit@dxemed.com</a>	1-866-349-4363	1-866-284-7504

**We encourage you to sign up for this opportunity and help us reduce our carbon footprint.**

Kind Regards,

Your Cardio Partners Credit and Collections Department