



11559 Rock Island Court  
Maryland Heights, MO 63043

**2 PAGE FORM  
PLEASE SIGN ON SECOND  
PAGE BEFORE SUBMITTING**

**NEW ACCOUNT APPLICATION**

DATE: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION & FAX TO 314-995-3884, ATTN JEAN**

If you have any questions, please contact: Jean Genail at 800-633-2665, EXT. 393 or [jeangenail@matthewsbooks.com](mailto:jeangenail@matthewsbooks.com).

ACCOUNT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STORE CONTACT NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BILL TO ADDRESS:** (SAME AS ABOVE \_\_\_\_)

**SHIP TO ADDRESS:** (SAME AS ABOVE \_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_

**EMAIL ADDRESS FOR STATEMENTS:** \_\_\_\_\_

**SALES TAX STATUS:** TAXABLE? YES \_\_\_\_ NO \_\_\_\_ (**PROVIDE TAX EXEMPT/RESALE DOCUMENTATION**)

**PLEASE CHECK ONE & COMPLETE:**

\_\_\_ INDEPENDENTLY OWNED

\_\_\_ LEASE OPERATOR

\_\_\_ STATE SCHOOL

OWNER: \_\_\_\_\_

LEASED BY: \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_  
(ADDITIONAL INFORMATION MAY BE REQUESTED)

AS OF DATE: \_\_\_\_\_

Toll Free: 1-800-633-2665



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**BANKING REFERENCE:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

**OPEN TRADE REFERENCES (MAJOR HEALTH SCIENCE PROVIDERS, IF APPLICABLE)**

**NAME:** \_\_\_\_\_ **PH #:** (\_\_\_\_\_) \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PH #:** (\_\_\_\_\_) \_\_\_\_\_ **ACCT #:** \_\_\_\_\_

**INFORMATION ON OFFICERS, PARTNERS AND/OR PRINCIPALS (PLEASE PRINT):**

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **HOME PH #:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **HOME PH #:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

IN LIEU OF FINANCIAL STATEMENTS AND IN ORDER TO FACILITATE THE CREDIT PROCESS AND TO ASSURE PROMPT FULFILLMENT OF YOUR ORDER, THE PRINCIPAL OWNERS, OFFICERS, OR PARTNERS MAY SIGN THE FOLLOWING ASSUMPTION OF RESPONSIBILITY AND GUARANTEE AGREEMENT:

I (WE) ASSUME PERSONAL RESPONSIBILITY FOR AND GUARANTEE PAYMENT OF ALL SUMS DUE AND PAYABLE TO MCCOY SURGICAL INSTRUMENTS & COLLEGE SUPPLIES INC., BY THE APPLICANT LISTED HEREIN, INCLUDING REASONABLE ATTORNEY'S FEES, SHOULD THE ACCOUNT BE PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION. I (WE) ALSO CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE.

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

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

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

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

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

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

THE ABOVE INFORMATION IS SUBMITTED ONLY FOR THE PURPOSE OF OBTAINING CREDIT.

**SIGNATURE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**PLEASE PRINT NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_