

**BMHSI**

5041 Benois Road #B  
Roanoke, Virginia 24014  
Phone # 800-525-0072  
Fax # 540-772-1188

**ACCOUNT SET UP**

**Bill To:**

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

**Ship To:**

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

**Owner/s:**

\_\_\_\_\_

**Hours Open:**

\_\_\_\_\_

**Phone #:**

\_\_\_\_\_

**Fax#:**

\_\_\_\_\_

**Credit References:**

**1.** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**2.** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**3.** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**4.** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Sales and Use Tax Exemption Numbers :** \_\_\_\_\_

**Bank Authorization**

To establish credit or update information, we authorize (the name of your bank) \_\_\_\_\_ to provide account balances, loan information and other pertinent banking information to Bio-Medic Health Services, Inc.

**Authorized Signature:** \_\_\_\_\_

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

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

Only fill this part out if you have given us your bank as a reference.

**Driver/Delivery Information:**

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

If for some reason, weather or accident, we can't make your closing time is there a number we can call to make your deliver late? (Name & Phone #) \_\_\_\_\_