CUSTOMER CREDIT APPLICATION

RETURN COMPLETED FORMS TO: ACCOUNTSRECEIVABLE@ABMRC.COM

PLEASE TYPE OR PRINT LEGIBLY. ATTACH SEPARATE SCHEDULES FOR ANY SECTION WITH INSUFFICIENT SPACE

BUSINESS DETAILS

LEGAL NAME OF BUSINESS				EXPECTED ANNUAL PURCHASE VOLUME
TRADE NAME(S) OR DBA(S)				
BILLING ADDRESS	CITY	STATE	ZIP	
BILLING EMAIL		BILLING PHONE		
FEDERAL TAX ID#	NAICS CODE	BUSINESS START DATE	STATE OF INCORPORATION	HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO

LEGAL ENTITY FORM: ☐ CORPORATION ☐ LLC ☐ GENERAL PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ Other:

CHECK ALL THAT APPLY: ☐ DME ☐ DISTRIBUTOR ☐ HOSPITAL ☐ RETAILER ☐ LONG TERM CARE ☐ OTHER:_____

PERCENT OF SALES FROM E-COMMERCE

LIST OF RELATED ENTITIES THAT ARE EXISTING OR PREVIOUS CUSTOMERS

LEGAL NAME	TRADE NAME(S) OR DBA(S)	ADDRESS

PARENT COMPANY

LEGAL NAME
WEBSITE

BUSINESS CONTACTS

DEPARTMENT	FIRST & LAST NAME	EMAIL ADDRESS	PHONE
ACCOUNTS PAYABLE			
PURCHASING			
CLINICAL			

PREFERRED PAYMENT METHOD:	CHECK ☐ WIRE ☐ ACH ☐

TRADE REFERENCES			
MEDICAL FIELD SUPPLIER	EMAIL	PHONE	ACCOUNT NUMBER

The person or business signing below ("Applicant") hereby makes this application for credit to ABMRC, LLC and/or any of its subsidiaries or affiliates now owned or hereafter acquired ("Creditor"). Creditor may terminate any credit availability within its sole discretion. Applicant understands that Creditor is relying on the truth and accuracy of the information provided in this application for credit, as well as any other information requested of Applicant by Creditor. Creditor would not extend credit to Applicant without full and accurate information provided for in the Credit Application. Applicant will provide any other information upon request of Creditor including an updated Application, financial statement, and information regarding secured financing. Applicant authorizes Creditor to conduct any credit investigation deemed necessary of Applicant, including, but not limited to personal credit information about guarantors, general partners, proprietors, and individual applicants. All sales of products to Creditor, if any, shall be made pursuant to the terms of the USA Purchasing Policy (DDOC-514748031-732) of ABMRC, LLC available at https://abmrc.com/purchasing-policy/ as in effect as of the date of acceptance of any order for Products by ABMRC, LLC or any of its affiliates. By executing the Credit Application, Applicant acknowledges and agrees with all the foregoing.

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____

ABM Respiratory Care® is a registered trademark of ABMRC, LLC. ©2026 ABMRC, LLC.
ALL RIGHTS RESERVED. DDOC-514748031-734 Rev 2.0 MAR-2026
For further information about this product or a service, visit: www.ABMRC.com or call
Customer Service: 1-877-ABM-RC01 (877-226-7201)