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Credit Application and Agreement for Credit Sales

APPLICANT INFORMATION

Firm Name: _____ Fed. I.D. No: _____

Individual: Corporation: Partnership:

Type of Business: _____ Email Address: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Fax No: _____

REFERENCES

Company: _____	Address: _____	Phone: _____
Company: _____	Address: _____	Phone: _____
Company: _____	Address: _____	Phone: _____
Company: _____	Address: _____	Phone: _____

Applicant: _____
PRINT FIRM NAME EXACTLY AS SHOWN

By: _____
PRINT NAME TITLE DATE

SIGNATURE PHONE NUMBER

UNITED MDS APPROVAL

By: _____
PRINT NAME SIGNATURE DATE