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| **Application for Credit**  **CareHealth America Corporation** | | | | | |
| [**www.drugcheck.com**](http://www.drugcheck.com/) |  |  |  |  | **1550 Industrial Dr/ PO Box 310**  **Blue Earth, MN 56013**  **Phone: (507)526-3951 Fax: (507)526-2252** |
| **Date** |  | **Company Name** |  |  |  |
| **Billing Address** |  |  |  |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Shipping Address** |  |  |  |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Phone Number** |  | **Fax Number** |  |  |  |
| **Email Address** |  |  |  |  |  |
| **Ownership Type:** |  | **Sole Proprietor** | **Partnership** |  | **Corporation** |
|  |  | **Government** | **Non-Profit** |  |  |
| **Years in Business:** | | |  |  |  |
| **Bank Reference** | | | | | |
| **Name** |  |  | **Contact** |  | **Account Number** |
| **Phone Number** |  | **Email Address** | |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Open Accounts Reference** | | | | | |
| **Name** |  |  | **Contact** |  | **Account Number** |
| **Phone Number** |  | **Email Address** | |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Name** |  |  | **Contact** |  | **Account Number** |
| **Phone Number** |  | **Email Address** | |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Name** |  |  | **Contact** |  | **Account Number** |
| **Phone Number** |  | **Email Address** | |  |  |
| **City/State/Zip** |  |  |  |  | **Country** |
| **Authorized Signature** |  |  |  |  | **Date** |
| **Printed Name** |  |  |  |  | **Title** |