



Knight Medical Supply LLC

802 S Lewis St
Stillwater, OK 74074
(405) 743-1646 or (800) 267-6531
Fax (405) 743-8202

Commercial Account Application

Dear Customer,

Knight Medical Supply is pleased you desire to open an account with us. In order for us to begin this procedure, please complete the forms included with this letter. To effectively process your application in a timely manner, please complete all forms in their entirety. It is important that we know if you are exempt from Sales Tax or not. If you are exempt, please attach a copy of your tax certification. If we do not receive the tax certification, you will be charged tax until the form is received.

Initial account limits and terms are established at the start-up of your account. The limits are based upon information that was provided to us on the account application by you. If you are a corporation or a LLC, the Personal Guarantor must be signed by an officer in the corporation or LLC.

You may copy and fax completed application forms to our office to facilitate the set up of your account. If you have any questions, please feel free to call me at (800) 267-6531.

Thank you for your interest in our company.

James Knight, President

Full Legal Name: _____

Mailing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____ Sales Tax Status: () Exempt - Attach Form () Non Exempt

Business is a: () Corporation () Partnership () Proprietorship () LLC () Other _____

Year established: _____ Years at present location _____ Fed ID# _____

Medicare Accredited () Yes () No Accreditation Agency: _____

Guarantor Name: _____ Title: _____ SS# _____

Guarantor Home Address: _____ City _____ State _____ Zip _____

Guarantor Home Phone#: _____ Cell Phone#: _____

Guarantor DL# _____ E-mail address: _____

The Guarantor agrees to guarantee and be liable for payment for goods & services provided by Knight Medical Supply LLC.

Signature: _____

Date: _____

For KMS Office Use Only: Date ____/____/____	Account #
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