

**Indicates required field*

CONTACT INFORMATION

*Legal Name of Company: _____ *Other DBA Name(s): _____
 *First Name: _____ *Last Name: _____
 *Billing Address 1: _____
 *Billing Address 2: _____
 *City: _____ *State: _____ *Zip code: _____
**(Tennessee companies please fax tax certificate)*
 *Shipping Address 1 (If different than Billing Address): _____
 *Shipping Address 2: _____
 *City: _____ *State: _____ *Zip code: _____
 *Local Telephone: (____) _____ - _____ Toll-free Telephone: (____) _____ - _____
 *Fax: (____) _____ - _____ *E-mail address: _____
 (Account used for future log-in to www.airerx.com)
 *Password: _____
 (8 character minimum - used for future log-in to www.airerx.com)

CREDIT INFORMATION

*Federal Tax ID: _____ *DUNS #: _____ *Fiscal Year End (month): _____

| | | | |
|--|--|-----------------------------|---------------------------------------|
| Business Type: | | Registration Country | Registration Province or State |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation (Inc, Ltd) | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company (LLC) | | |
| <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Professional Corporation (PC) | | | |

PRIMARY BANK REFERENCE

*Bank Name: _____ *Banker's Name: _____
 *Telephone: (____) _____ - _____ *Banker's E-mail: _____
 *City: _____ *State: _____ *Zip code: _____

TRADE REFERENCES

Please enter at least three trade references. Please enter only those vendors who will respond to our reference request. We recommend that you include five to assure that we will get a timely response from at least three. You may estimate annual volume, but this should be close to what the vendor reports. All items are required: If you do not have an account number, please enter "None."

| Vendor Name | Contact | Telephone | Account Number | Annual Volume |
|-------------|---------|-----------|----------------|---------------|
| * | | | | |
| * | | | | |
| * | | | | |
| | | | | |
| | | | | |

How would you like to be contacted once the application has been processed?

Phone Fax E-mail

****Tennessee companies please fax tax certificate**

****Please fax completed application to AireRx Healthcare, LLC at 615-244-7745. Please allow up to 3 business days for processing the application.**