



2129 W 76th ST Hialeah, FL 33016
 Ph: (305) 364-7100
 Fax: (305) 364-7558
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CREDIT APPLICATION

FAX IT TO:
(305) - 364 - 7558

E-MAIL IT TO:
mia.lab@aol.com

OFFICIAL USE ONLY	
Sales Rep:	_____
Account Number:	_____
Credit Limit:	_____
Credit Mgr:	_____
Approved By:	_____
Date:	_____

BUSINESS INFORMATION

Legal Business Name:		Telephone:	
D/B/A (Doing Business As):		Fax:	
Legal Entity: Corporation___ Partnership___ LLC___ Sole Proprietor___		Federal ID Number:	
Billing Address:		City:	State: Zip:
County:	Would you like your statement emailed ? Yes___ No___ If yes, please provide E-mail Address:		
Business Start Date:	Have you ever done business with MIA-LAB ? Yes___ No___ If yes, please include Account Number(s):		
Account Payable Contact Name:	Telephone:	Expected monthly sales volume:	

SHIPPING ADDRESS

Name:		Telephone:	
ATT:		Fax:	
Address:		City:	State: Zip:
E-mail:			

PRACTITIONER LICENCE INFORMATION

Practitioner Name:		Buying Group Name:	
Licence Number:		Account:	
Licence State:	Expiration Date:	OD () MD () DO () Other ()	

BANKING/ CREDIT INFORMATION

Principal Bank Name:		Account Number:	
Bank Address:		City:	State: Zip: Phone/Fax:

TRADE REFERENCES:

(LIST 3 CREDIT REFERENCES IN THE INDUSTRY TO WHOM YOU HAVE SENT SUBSTANTIAL BUSINESS IN THE PAST YEAR)

Name and Account Number:	Address:	Phone/Fax:
1)		
2)		
3)		

