ASICO LLC
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CREDIT APPLICATION

Questions??? Call Customer Service: 1-800-628-2879

Please fill out this form and fax to 1-630-986-0065 or email to **info@asico.com**.
A Customer Service representative will be in contact with you shortly.

Company Name: _____

SHIPPING INFORMATION	BILLING INFORMATION (if different from Shipping)
Company Name:	Company Name:
Address:	Address:
Shipping Contact:	Billing Contact:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:

BACKGROUND INFORMATION

Please list the practicing ophthalmologists at this location:

1. _____ Subspecialties: _____
2. _____ Subspecialties: _____
3. _____ Subspecialties: _____
4. _____ Subspecialties: _____
5. _____ Subspecialties: _____

What type(s) of phaco machines are used (if applicable)? _____

Administrator/Nurse Manager: _____ Phone #: _____

How long have you been in business? _____ How long have you been at this location? _____

Federal ID#: _____ D-U-N-S #: _____

Tax Exemption Certificate # (if applicable): _____ Expiration Date: _____

Please send a copy of the Tax Exemption Certificate with this application.

TRADE REFERENCES	
Company Name:	Company Name:
Address:	Address:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:

BANK INFORMATION	
Bank Name:	Bank Contact:
Address:	Phone #:
Checking Account #:	Fax #:
Authorized Signature:	Email:

Please obtain the signature from an "Authorized Check Signer" to release your credit information to ASICO.
All information provided above will be held in strict confidence and will only be used for verification purposes.

Print Name: Title:

Signature: Date:

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