



# Federal Government Account Application

Application must be completed and signed, with order attached, to initiate processing. Please submit vouchers (if applicable) with orders.

**NAME** \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number w/Area Code ( ) \_\_\_\_\_

Fax Number w/Area Code ( ) \_\_\_\_\_

Do you or your parent company have an account with us now?

Yes  No Acct#: \_\_\_\_\_

SHIPPING: Complete Only  Partial Shipment Okay?  Are PO's Required? Yes  No

The following persons are authorized to purchase from this account:

1. Name \_\_\_\_\_ Title \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

**NAME AND TELEPHONE OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:**

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature **X** \_\_\_\_\_

Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail the completed form to: Bound Tree Medical or Fax to 800-971-7277  
PO Box 8023  
Dublin, OH 43016-2023

Bound Tree Medical  
Federal Government Division  
**800-890-3092**