



Credit Application

Corporate Information

Corporate Name			Phone No. ()	
DBA/AKA (If different from company name)			Fax No. ()	
Type of Business (Please check one) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Relationship to Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> N/A	
Federal Identification Number	Duns Number	Year Business Established	Tax Status – Mandatory for application approval <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt – Attach Resale / Exemption Certificate for each ship-to location	
Has the company ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify date and type of filing		

Account Information

Billing Address		City	State	Zip Code
Shipping Address - Attach separate sheet if multiple locations		City	State	Zip Code
A/P Contact and Manager Info.		Phone:	Fax:	Email:

In order to help our channel partners reduce their cost of doing business, improve service levels and service quality with BD, we would like to know if your organization is able to transmit data via EDI – (Electronic Data Interchange)

Not capable Not capable but working on Capable – Please provide a contact name and or specifics on a separate sheet.

Please specify your organization's capabilities with EFT – (Electronic Funds Transfer)

Not capable Not capable but working on Capable

*****If paying by paper check, please include a copy of a voided check for more accurate payment identification and application**

Owners, Principal Officers of the Firm

Name	Title
Name	Title

Financial and Trade Information

In order to process your application, the below information must be attached in the following priority:

1. Attach a copy of your most current financial statements. Attached: Yes No
 If not provided please indicate reason why: _____
2. Attach a list of 2 bank references. One operating account and one lending account. The information should include the following: Bank Name, Type of Account, Account Number, Contact Name, Address, Phone and Fax
3. Attach a list of at least 3 trade references. The information should include the following: Trade Name, Account Number, Contact Name, Address, Phone, and Fax.

By affixing their signatures, the undersigned (or if a Corporation, the Corporate Officer / Agent) agrees:

1. That the information contained herein is accurate, complete, and true
2. To pay all BD invoices within BD's sales terms as stated on the invoice. Past due invoices will be subject to late fees
3. That in the event of a billing discrepancy, you will pay the undisputed portion of all BD invoices within terms of sale and submit a detailed description of the disputed amount
4. To pay all costs of collection, including actual out-of-pocket expenses
5. That BD reserves the right, but not the obligation, to net monies due in order to offset outstanding debt due to BD
6. To inform BD immediately by written notice of any change in ownership, address, or form of business
7. **The contents and information on this credit application have not been altered in any way**

Print Name	Signature	Title	Date
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The signing of this application does not guarantee the opening of your account. All fields must be completed in their entirety with all required attachments included or the application will be denied.

PLEASE RETURN TO YOUR BD SALES REPRESENTATIVE WHEN COMPLETED

Authorization for Credit Information

To: BD & Co.
1 Becton Drive
Franklin Lakes, NJ 07417

Company: _____

We authorize BD & Company to obtain any information necessary to process our credit application including, but not limited to, information regarding savings, deposit checking, and outstanding credit accounts.

A copy of this authorization may be accepted as an original.

(Signature)

(Title)

(Type or Print Name)

(Date)

BD Internal Use Only

BD Sales Department Use Only

*****Please Note: Sales information must be completed in order to process the application**

Type of Business:

<input type="checkbox"/> Distributor	<input type="checkbox"/> OEM	<input type="checkbox"/> Retail	<input type="checkbox"/> Research	<input type="checkbox"/> Hospital	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Government	<input type="checkbox"/> *Other Healthcare	<input type="checkbox"/> *Other Non- Healthcare
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If other please specify:

Sales information

Initial order amount: \$	Estimated first 6 month sales \$	Estimated <u>annual</u> dollar volume of business with BD: \$
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Comments:

Attach additional sheet if necessary

Sales Signatures

BD Sales Representative	Print Name	BD Business Unit	Territory #	VM #	Date
Sales Manager	Print Name	BD Business Unit	Territory #	VM #	Date

Credit Department Use Only

Approved Credit Limit \$	Risk Category	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED
Authorized Signature	Date	