



**INTEGRITY**  
 MEDICAL SOLUTIONS  
**ACCOUNT SET UP FORM**

*Integrity Medical Solutions*  
 Marietta, GA 30008  
 Customerserv@integritymedical.us

*Integrity Medical Solutions New Account Set Up Form*

Sales Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA if applicable: \_\_\_\_\_

DUNS #: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Business Structure: LLC \_\_\_ Sole Proprietorship \_\_\_ S-Corp \_\_\_ C-Corp \_\_\_ Years in Business: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Principle: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_ % Ownership \_\_\_

Principle: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_ % Ownership \_\_\_

Principle: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_ % Ownership \_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: Pharmacy: \_\_\_\_\_ Hospice: \_\_\_\_\_ LTC: \_\_\_\_\_ Hospital: \_\_\_\_\_ Chain Pharmacy: \_\_\_\_\_

**Trade Partner Information (Min 2 Required for Processing)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Bank Reference Name: \_\_\_\_\_ Acct No.: \_\_\_\_\_ Routing No.: \_\_\_\_\_

Has the company filed for bankruptcy in the last 2 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Current Suppliers: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Are you seeking Payment Terms: Yes: \_\_\_ No: \_\_\_ Terms Requested: Net 30 Days \_\_\_\_\_ Monthly ACH \_\_\_\_\_

Preferred Payment Method: Credit Card On file \_\_\_\_\_ COD \_\_\_\_\_ ACH Draft \_\_\_\_\_ Check \_\_\_\_\_

I attest that all information on this application is accurate to the best of my knowledge and understand that any misrepresentation will be considered fraudulent.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_