



The Bremer Group Company
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Jacksonville, FL 32246-7648
(800) 428-2304 Fax (904) 645-0990
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New Account Form

PLEASE COMPLETE AND RETURN VIA FAX OR EMAIL

Customer Information

Legal Business Name:

Trade Name (d/b/a):

Bill to Address:

Contact Name:

Ship to Address:

Telephone Number:

Fax Number:

E-mail Address:

P.O. Required: Yes No

DME Number: Yes No If no, applied for? Yes No Ship to County:
Type of Facility: Orthopedic Surgeon Neurosurgeon O & P Hospital DME Other
Accounts Payable Contact: A/P Phone Number:
Fitter(s) State Licensure Number: Fitter(s) Phone Number:
Fitter(s) Name & Certification/ Number:
Type of Company: Individual/Sole Proprietor Corporation Partnership LLC Other
If a Corporation: President Vice President
Federal Tax ID# Date of Incorporation: State of Incorporation:

Credit Card Information

Select Card: Mastercard® VISA® Discover® American Express®

Credit Card Number:

Exp. Date:

Security Code:

Signature:

By checking this box, I hereby agree to pay for The Bremer Group Company's product by credit card each time orders are placed. The above credit card information can be kept on file or you may provide credit card upon each order.

Business Credit Application

Bank Reference:

Bank Name:

Address:

Account Number:

Telephone:

Trade Credit References (may supply your own form with this information):

1. Name:

Address:

Account #

Phone #

Fax #

2. Name:

Address:

Account #

Phone #

Fax #

3. Name:

Address:

Account #

Phone #

Fax #

By checking this box, I hereby apply for credit with, and accept responsibility for the payment, in full, terms net 30 days, for the cost of The Bremer Group Company's product, to be ordered by the above referenced customer. I give The Bremer Group Company authorization to obtain account information on the above listed bank and credit references.

Customer Signature, Title (President or Vice President, if Corporation)

Date