



Hospital Vendor Application

Please fax the completed application with a copy of your certificate of tax exemption, resale permit, or proof of non-profit status to: (415) 421-5399. This application does not constitute a binding agreement until accepted by Zenoff Products in writing.

Company Information

Legal Business Name: _____
Trade Name/ DBA: _____
Date Established: _____
Website URL: _____

Shipping Address

Retail Contact: _____
Retail Phone: _____
Retail Fax: _____
Retail Email: _____

Billing Address

A/P Contact: _____
A/P Phone: _____
A/P Fax: _____
A/P Email: _____

Buyer Address

Buyer Name: _____
Buyer Phone: _____
Buyer Fax: _____
Buyer Email: _____

End User Address

End User Name: _____
End User Phone: _____
End User Fax: _____
End User Email: _____

Federal Tax ID# _____

I _____ have read and agree to abide by the wholesale terms including but not limited to MSRP, shipping policies, return policy, purchase order policy, and confidentiality agreement. This is not an application for credit from Zenoff Products.

Signature _____

Name _____

Title _____

Date _____