



WE CARE LIKE FAMILY

Corporate Headquarters
10 Glenshaw Street, Orangeburg, NY 10962
Tel: 845.365.8200 • Fax: 845.365.8201
Toll-Free: 888.DYNAREX

Please provide the following:

Bank Reference – *(Please include a signed letter of authorization to contact the bank)*

For Dynarex Use: Sales Rep:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Checking Account#: _____ Average Balance: \$ _____

Other Account#: _____ Average Balance \$ _____

Trade References: *(Fax numbers are very important this is how we send out references)*

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ **Fax:** _____

Contact Name: _____ Title: _____

Average Credit Line: \$ _____



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Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ **Fax:** _____

Contact Name: _____ Title: _____

Average Credit Line: \$ _____

For Dynarex Use: Sales Rep:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ **Fax:** _____

Contact Name: _____ Title: _____

Average Credit Line: \$ _____

***Please attach a copy of resale certificate**

Name: _____

Title: _____

Signature: _____