

Application For Account

Drs Rentrop and Geater, PLLC

2245 SO. LAUDERDALE STREET
MEMPHIS, TN 38106
PHONE 901-948-5558

Full Company Name: _____

DBA, Abbreviation or other name (if any): _____

Company Web Site: _____

E-Mail: _____

Business Physical Address: _____

Phone Number: _____ Ext: _____ Fax Number: _____ Ext: _____

Business Billing Address: _____

Credit References: (other companies which you have a business account with that can give reference as to your reliability about paying your bills on time and in full)

Reference #1: _____

Reference #2 _____

Reference #3: _____

Names of Employees approved to authorize charges against this account: (note any changes in this list must be supplied in writing) _____

Designated Employer Representative(s) (DER): (These are persons authorized to receive confidential medical information about your employees) _____

I, _____, in opening this account to charge services rendered to the employees of _____, agree that our company will pay all billed services in full by the 15th of each month. Our company agrees to pay a 5% late fee each month on any past due balance. In the event that our company becomes delinquent on our account, _____ agrees to pay any and all collections expenses and/or legal fees incurred in the collection of this account.

Signature: _____ Position/Title: _____ Date: _____