

# **ROUTE 53 MEDICAL ASSOCIATES, LLC**

Phone (973) 359-8859

Fax (973) 359-8860

891 Tabor Road (Route 53)

Morris Plains, NJ 07950

## **BILLING INFORMATION/CREDIT APPLICATION**

**COMPLETE BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BUSINESS TELEPHONE NUMBER** \_\_\_\_\_

Are you a: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Nature of business: \_\_\_\_\_

### **PERSON RESPONSIBLE FOR ACCOUNT PAYABLE** (please print)

**\*\*please note payments are due in full within 30 days of billing date. Interest will accrue after 30 days\*\***

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**CREDIT CARD#** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**Name on the card** \_\_\_\_\_ **Billing Zip code for the card** \_\_\_\_\_

### **Business references:**

**Name City State Phone Acc#**

1 \_\_\_\_\_

2 \_\_\_\_\_

### **Bank References**

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### **PERSON AUTHORIZING SERVICES**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_