

GROVE MEDICAL, INC.
1089 PARK WEST BLVD.
GREENVILLE, SC 29611-6124
864-272-1562 - DIRECT PHONE
864-678-5061 - DIRECT FAX

PHONE: _____
FAX: _____
DATE: _____

I AUTHORIZE GROVE MEDICAL, INC. TO USE THE FOLLOWING CREDIT CARD FOR FUTURE PURCHASES. I UNDERSTAND MY CREDIT CARD WILL BE CHARGED PRIOR TO PRODUCT LEAVING GROVE'S WAREHOUSE.

CARD: MASTERCARD VISA AMEX DISCOVER

THE INDIVIDUAL'S NAME AS IT APPEARS ON THE CARD IS: _____

THE BILLING ADDRESS FOR THE CARD IS: _____

CARD NUMBER: _____
EXPIRATION DATE: _____
AUTHORIZED SIGNATURE: _____

ACCOUNT SET-UP INFORMATION

Legal Company Name: _____ Federal ID#: _____
D.B.A. _____ Year Business Started: _____

Address: _____ Years at Present Location: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone(Business): _____ Fax: _____
Tax Status*: Taxable _____ Resale _____ Exempt Organization _____

***PLEASE FORWARD RESALE/EXEMPT CERTIFICATE WITH COMPLETED APPLICATION**