



Total Urgent Care, LLC.

147 N. Almont Ave, Imlay City, MI 48444
810.721.7640 (o) www.mitotalurgentcare.com

New Account Application

Legal Name of Business: _____ FEIN _____

Street _____ Building/Suite# _____

City _____ State ____ Zip Code _____

County _____ Number of years at this location _____

Office Phone _____ Fax _____ Contact E-mail _____

Web Site Address _____

Description of Business activity _____

Number of Employees _____

Preferred method of payment- (credit card, monthly billing, ACH) _____

Billing Contact:

Name _____

Address _____

Phone # _____

Email _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorized Signature for Client _____

Date _____

Upon Completion please return to rjohnson@mitotalurgentcare.com