



The makers of Path-O-Wrap®

Federal Government Account Application

Application must be completed and signed, with order attached, to initiate processing.

NAME _____

Billing Address _____

City _____ County _____ State _____ Zip _____

Shipping Address _____

City _____ County _____ State _____ Zip _____

Telephone Number w/Area Code () _____

Fax Number w/Area Code () _____

Do you or your parent company have an account with us now?

Yes No Acct#: _____

SHIPPING: Complete Only Partial Shipment Okay? Are PO's Required? Yes No

The following persons are authorized to purchase from this account:

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

NAME AND TELEPHONE OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:

Name _____ Phone Number () _____

Fax Number () _____ Email _____

Signature **X** _____

Print Name & Title _____ Date _____

Please mail the completed form to:

MedFire Innovations, Inc.
2425 Camino Del Rio South, suite #125
San Diego, CA 92108

MedFire Innovations Inc.
Federal Government Division
888-560-1140