



# Credit Application

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Company Name

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DBA (if different)

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Contact Person

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Address

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City State Zip

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Phone

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Fax

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Federal Tax ID or Social Security  
Number

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State of Incorporation

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Type of Business

---

No. of Employees

---

Date business Established

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Amount of Credit requested

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Types of products you will purchase

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Corporation Type

LLC

LLP

Sole Proprietor

Corporation

Partnership

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Names, titles and addresses of your three chief corporate officers or owners

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1.

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2.

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3.

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Tax Exempt? Yes or No

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Purchase Order required? Yes or No

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Note: If you are tax exempt please fax a copy of your tax exempt certificate as well.

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Have you had credit with us before?

Yes or No

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Under what name?

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Authorized buyers (If required)

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Please provide 3 current trade references

Name

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Address

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City, State, Zip

Account

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Phone

Fax

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Name

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Address

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City, State, Zip

Account

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Phone

Fax

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Name

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Address

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City, State, Zip

Account

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Phone

Fax

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Please provide 2 Bank references

Name

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Address

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City, State, Zip

Account

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Phone

Fax

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Name

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Address

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City, State, Zip

Account

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Phone

Fax

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I represent that the above information is true and is given to induce MedicalProductSales.com to extend credit to the applicant. My company and I authorize MedicalProductSales.com to make such credit investigation as MedicalProductSales.com sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to MedicalProductSales.com any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

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Authorized Signature:

Date:

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Printed Name:

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Title:

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#### General Terms and Conditions

**Payment Terms:** Net 30 Days from invoice date. Payment must be received before or on due date.

**Late Fees:** 1.5% late fee will be added for each month past due. Customer agrees to pay all late fees.

**Return Check Fee:** A \$30 Check fee will be charged.

The signee and company represented agree with MedicalProductSales.com Terms and return policy. In the event that MedicalProductSales.com should have to go through a collection agency to collect funds, the customer agrees to pay all reasonable collection and legal fees.