

PROSTHETIC PLUS, LLC.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name		A/P Contact Name	
Phone Number		A/P Phone	
Fax Number		A/P Email	
Ship to Street Address City, State ZIP Code		Billing Street Address City, State Zip Code	

BUSINESS AND CREDIT INFORMATION

FEIN #		Bank Name:	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Street address City, State ZIP Code	
Requested Credit Limit	\$	Phone	
Tax Exempt	<input type="checkbox"/> yes <input type="checkbox"/> no	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT

1. Once credit is extended all invoices are to be paid 30 days from the date of the invoice, unless otherwise approved terms. Credit limits to be determined on individual basis. First time orders may require credit card or COD payment upon shipping. Past due accounts are subject to a 1 1/2 % per month service charge, with an effective annual rate of 18%.
2. By submitting this application, you authorize PROSTHETIC PLUS, LLC. to make inquiries into the banking and business/ trade references that you have supplied.
3. Signatures below are personal guarantee for payment on behalf of the company credit is extended to.

SIGNATURES

Signature	
Name and Title	
Date	

Return via email: office@prostheticplus.com or fax: 888-389-5251