

PROSTHETIC PLUS, LLC.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company Name:		A/P Contact:	
Phone Number:		A/P Phone:	
Fax Number:		A/P Email:	
Ship to: _____		Bill to: _____	
Street: _____		Street: _____	
City, State, Zip: _____		City, State, Zip: _____	

BUSINESS AND CREDIT INFORMATION			
Federal Tax ID(EIN)		Credit Limit	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No			

BUSINESS/TRADE REFERENCES			
Company name:		Phone:	
Street:		Fax:	
City, State, Zip:		E-mail:	
Company name:		Phone:	
Street:		Fax:	
City, State, Zip:		E-mail:	
Company name:		Phone:	
Street:		Fax:	
City, State, Zip:		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 are 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 business/ trade references that you have supplied.
3. The signatures below are personal guarantee for payment on behalf of the company credit is extended to:

SIGNATURES	
Signature:	
Name & title:	
Date:	

Return via email: office@prostheticplus.com or fax: [888-389-5251](tel:888-389-5251).