



MEDQUIP

CREDIT APPLICATION

RESALE NUMBER

BUSINESS NAME: _____

TELEPHONE: (____) _____ - _____ FAX: (____) _____ - _____

STREET ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

P.O. BOX: _____ CITY: _____ ST: ____ ZIP: _____

EMAIL ADDRESS: _____

BUSINESS LICENSE NUMBER: _____ BUSINESS ESTABLISHED: ____/____/____

FEDERAL EIN NUMBER: _____

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION ID NUMBER:

OFFICERS, PARTNERS OR PROPRIETOR'S NAME(S)	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER(S)	DRIVER'S LICENSE NUMBER(S)
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1. _____

2. _____

BANK REFERENCE

BANK NAME: _____ TELEPHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

TRADE REFERENCES (PLEASE INCLUDE COMPANY NAME, FAX AND ACCOUNT NUMBER)

1. _____

2. _____

AUTHORIZED SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____

The above signed hereby agrees to be responsible for the performance and completion of the duties and obligations of the above named entity (corporation, limited liability co., general partnership or limited partnership), in the event said entity fails to fulfill all contract terms and conditions that include any deficiencies due under the contract with MEDQUIP, Inc. I further understand that should it be necessary to employ a collection agency or attorney to collect monies due, my firm will be responsible for all reasonable costs of collection. MEDQUIP also reserves the right to attempt an ACH transaction from debtors checking account if said account is thirty days past due. Credit Terms: All orders due Net 30 days of invoice. Past due invoices are subject to a service charge of 1.5% per month on the unpaid balance or \$0.50 per month, whichever is greater. All items are F.O.B. Bluffton, SC.

11 PARMENTER DRIVE ♦ P.O. BOX 1559 ♦ BLUFFTON, SC 29910

☎(843)815-5301 ☎TOLL FREE (888)404-5666 ♦ FAX (843)815-5305 🌐WWW.MEDQUIP.COM