

CUSTOM BRACING SOLUTIONS

705 West Beaver Street, Zelienople PA 16063 Toll Free: 1 (877) 922-8225 Fax: (724) 452-5530

CREDIT APPLICATION

Please fill out completely and mail or fax back to Elite Orthotics, Inc.

Address: Individual Partnership Corporation Date business started: Federal ID#: NAME OF OWNERS, PARTNERS, OFFICERS: Owners: Owners: President: Secretary / Treasurer: TRADE REFERENCES Vendor's Name: Vendor's Name: Address: Address: Address: Address: Address: Account #: Fax: Phone: Phone: Phone: Fax: Account #: Fax: Account #: Account #: BANKING INFORMATION: Name of Bank Address Checking Savings Phone: Bank officer to contact: If this application is approved and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. All charges payable net 30 days. Accounts unpaid over 30 days will be billed to credit card on file at Elite Ortholics describin when past due. All past due involves tess as environment on the past due. All past due involves tess as a service charge of \$25.00 on all returned checks. The above information is given for the purpose of obtaining an open credit amount with Elite Ortholics, inc. and is warranted to be true. We hereby authorize an investigation of our credit history and authorize credit references to release any information necessary to assist in establishing a credit with Elite Ortholics, inc. SIGNATURE OF APPLICANT: DATE:	COMPANY NAME:	I YPE OF ORGANIZATION:
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