

# ELITE ORTHOTICS

CUSTOM BRACING SOLUTIONS

705 West Beaver Street, Zelenople 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.

<b>COMPANY NAME:</b> _____	<b>TYPE OF ORGANIZATION:</b>
Address: _____	Individual ___ Partnership ___
_____	Corporation ___
_____	Date business started: _____
Purchasing Contact: _____	Federal ID#: _____
Telephone: _____	<b>NAME OF OWNERS, PARTNERS, OFFICERS:</b>
Fax: _____	Owners: _____
	President: _____
	Secretary / Treasurer: _____

### TRADE REFERENCES

Vendor's Name: _____	Vendor's Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Account #: _____	Account #: _____

### FAX NUMBERS MUST BE INCLUDED

Vendor's Name: _____	Vendor's Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Account #: _____	Account #: _____

### BANKING INFORMATION:

Name of Bank _____	Checking ___ Savings ___
Address _____	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 Orthotics discretion when past due. All past due invoices must be paid in full for credit to be considered again. If the account is placed for collection, applicant agrees to pay all cost of collection, including attorney fees and 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 Orthotics, 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 Orthotics, Inc.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_