



Credit Application

Business Name: _____

Phone: _____ Fax: _____

Billing Address: _____

Ship to Address: _____

Federal EIN: _____

Tax Status: Taxable_____ Exempt_____ (Please provide exemption certificate)

Principal Owners or Officers:

Name, Position: _____

Name, Position: _____

Trade References: (Please list 2)

Company, Phone, Fax, Contact:

1) _____

2) _____

Bank Reference

Name, Acct #, Address, Phone, Representative:

1) _____

I hereby certify that the above statements and facts contained herein are true and correct and are furnished to Fairway Medical Supply, LLC for the purpose of inducing the above corporation to extend credit to the undersigned. Applicant agrees (1) to pay all charges within payment terms (2) the balance owed will become due in full upon any default in payment or upon violation of terms of Fairway Medical Supply, LLC agreement (3) to pay all collection costs including all reasonable attorney fees. I hereby authorize you to contact our bank and trade references listed above for normal credit information. In addition, I understand the above terms and our organization agrees to abide by them.

Signature: _____ Print Name: _____

Title: _____ Date: _____

Upon completion, please fax this form to 201-837-0417.

Terms Approved for Account: _____ Date: _____