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# Credit Application SOP#

**PLEASE COMPLETE IN FULL, MISSING INFORMATION MAY PROLONG THE APPROVAL PROCESS.**

AMOUNT OF CREDIT APPLYING FOR: \_\_\_\_\_

BUSINESS NAME & ADDRESS: \_\_\_\_\_

SHIPPING NAME & ADDRESS: \_\_\_\_\_  
 (If different than above)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Type of Business: Proprietorship  Partnership  Corporation  LLC  LLP

Yrs in Business: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ Tax Exempt: Yes  No   
 (if yes, please attach an exemption certificate)

**FULL NAME (S) AND ADDRESS (S) OF PROPRIETORSHIP (S) / PARTNERS / OFFICERS**


Accounts Payable Phone: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

**TRADE REFERENCES** (Please provide (3) suppliers of products and services)

Account Number	Name & Address:
	Phone: _____ Fax: _____
Account Number	Name & Address:
	Phone: _____ Fax: _____
Account Number	Name & Address:
	Phone: _____ Fax: _____

**BANK REFERENCE**

	Name & Address:
	Phone: _____ Fax: _____

I/We authorize you to investigate the references listed pertaining to my/our credit responsibility. In consideration of Danlee Medical Products, Inc. extending open account credit, the following terms apply: Danlee Medical Products, Inc. payment terms are NET 30 days, unless otherwise stated. In the event of a default of the foregoing, a service charge of 1½ % per month (18% per annum) will be added to the account balance together with the cost of any collection, including attorney's fees reasonably incurred.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I/We individually and, where applicable, also as Officers and/or Principals of the above mentioned business entity, acknowledge acceptance of the above credit arrangements and guarantee the prompt payment to Danlee Medical Products, Inc. of all sums now or at any time hereafter due from the above individuals or business entity.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
 Authorized Signature Authorized Signature