

1075 E Molloy Rd, Bldg #5 Syracuse, NY 13211 Toll Free: 1-800-433-7797 Phone: 315-431-0143 ax: 315-431-0149 Vebsite: www.danleemedical.com

Credit Application SOP06-01FORM02

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

AMOUNT OF CREDIT A	PPLYING FOR:				
BUSINESS NAME & AD					
SHIPPING NAME & ADD (If different than above)	DRESS:				
PHONE:	FAX:		EMAIL:		
Type of Business:	Proprietorship	Partnership	Corporation	LLC LLP	
Yrs in Business:	Federal Ta	x ID #:		Tax Exempt: Yes No (if yes, please attach an exemption certificate)	
FULL NAME (S) AN	D ADDRESS (S) C	F PROPRIETO	RSHIP (S) / PA	RTNERS / OFFICERS	
Accounts Payable Phone: Accounts Payable Fax:				Fax:	
TRADE REFERENCE	<b>ES</b> (Please provide	(3) suppliers of	products and s	ervices)	
Account Number	Name & Address:				
	Dhara		Г-		
Account Number	Phone:	Phone: Fax: Name & Address:			
Account Number	Name a Address.				
	Phone:		Fa	x:	
Account Number	Name & Address:				
	Di				
BANK REFERENCE	Phone:		<u>Fa</u>	X:	
DANK KLI LKLIKOL	Name & Address:				
	Name a Address.				
	Phone:		Fa	x:	
extending open account credit,	the following terms apply: I ng, a service charge of 1½ %	Danlee Medical Product	s, Inc. payment terms	deration of Danlee Medical Products, Inc. are <u>NET 30 days</u> , unless otherwise stated. In the othe account balance together with the cost of any	
SIGNATURE:		TITLE:		DATE:	
• •	-	-		ess entity, acknowledge acceptance of the above or at any time hereafter due from the above	
SIGNATURE:		SIGNATURE:			
Authori	Authorized Signature		Authorized Signature		