

**Kenad SG Medical, Inc.**

**Credit Application**

The undersigned company is applying for credit with Kenad, Medical and agrees to abide by the standard terms and conditions of Kenad, Medical as printed on reverse side.

Company name

DBA (if different)

Contact person

Address

Phone

Fax

Federal tax ID or Social Security number.

Type of business

Date business established

Types of products you will purchase

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation

PARTNERSHIP

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name?

Authorized purchasers

Purchase order required?

Yes

No

**TRADE REFERENCES**

Reference #1      Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Reference #2      Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Reference #3      Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**BANK REFERENCES**

Bank#1            Account # \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Name of bank \_\_\_\_\_  
 Address \_\_\_\_\_

Bank#2            Account # \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Name of bank \_\_\_\_\_  
 Address \_\_\_\_\_

I represent that the above information is true and is given to induce Kenad, Medical to extend credit to the applicant. My company and I authorize Kenad, Medical to make such credit investigation as Kenad, Medical sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Kenad, Medical any and all information concerning the financial and credit history of my company and myself.

**I have read the terms and conditions stated below and agree to all of these terms and conditions.**

Authorized signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS**

1. Bills are sent on out the day they are invoiced. You may take the 1% discount as indicated on the bill if you pay the invoice within 15 days.
2. All bills become payable in full on the 30th day after invoiced and if not paid by the end of 30 days are considered past due.
3. A service charge of 2% per month will be added to all amounts past due.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.