



# CREDIT APPLICATION

ACCOUNT NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PO REQUIRED \_\_\_\_ NO \_\_\_\_ YES

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_ CORPORATION \_\_\_\_ PARTNERSHIP \_\_\_\_ SOLE PROPRIETOR

FEIN/SS \_\_\_\_\_ YRS IN BUSINESS \_\_\_\_\_

OWNER(S) 1) \_\_\_\_\_ TITLE \_\_\_\_\_

2) \_\_\_\_\_ TITLE \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CREDIT REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**HELP US GO GREEN!!!**

Sign up to have your invoices and statements emailed to:

\_\_\_\_\_

I certify that all the information on this form is true and accurate. I fully understand and agree to your credit terms of NET 30 DAYS from date of invoice plus finance charges added to any balance not paid after due date. I authorize Grace Prosthetic Fabrication, Inc to contact any source necessary (including my bank, credit reference and any credit bureaus) to complete an evaluation of my credit and financial history. I agree that I shall assume full responsibility for payment of all legal fees necessitated by default in payment. Suit for collection may be instituted for said balance owed plus interest. I agree that venue for all actions under this agreement lies in Pasco County, Florida.

OWNER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## PERSONAL GUARANTEE

(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER)

In consideration for Grace Prosthetic Fabrication, Inc extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its' agents, the undersigned individual hereby personally quarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to Grace Prosthetic Fabrication, Inc by the business identified below whether said sums are due under open account, contract or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Grace Prosthetic Fabrication, Inc and the business. Grace Prosthetic Fabrication, Inc shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Grace Prosthetic Fabrication, Inc.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by Grace Prosthetic Fabrication, Inc. Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than ten days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Individual guaranteeing payment, no title)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of person guaranteeing payment      Name of business whose account is guaranteed

Credit Department Use Only

Date line of credit approved/denied \_\_\_\_\_ Amount\$ \_\_\_\_\_ Intials \_\_\_\_\_

Comments: \_\_\_\_\_

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