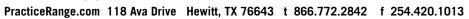
Credit Application





Bill To	Ship To
Store Name	Store Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	DBA
Email	AP Contact
Type of business:	AP Phone #
Years in business ☐ Individual ☐ Partnership ☐ Corporation	Federal ID #
Please check ☐ Rent ☐ Lease ☐ Own	Dun & Bradstreet #
Landlord Phone	Resale Certificate #
Principal Information	
Principal Name	Principal Name
Title	Title
Home Address	Home Address
Home Phone	Home Phone
Social Security No	Social Security No
Driver's License No. & State	Driver's License No. & State
Have you or your company ever filed for bankruptcy? ☐ Yes ☐ No	
Are there any unsatisfied judgements against you or your company? Yes	 □ No
Bank Information	
Bank Name	Address
Contact Person	City, State, Zip
Account No.	Phone No
Credit References	
Must be companies in the United States selling in this industry and with wh	
	lephone Contact Name Account No.
<u>0</u>	
2	
3	
6	
Signature (All applications must be signed)	
	ch they may request concerning my accounts with your bank. We certify that all the
information on this form is correct and that we fully understand your credit terms ar conditions and policies.	nd agree to the proper payment in consideration of extended credit see credit terms*,
Signature Title	Date
Personal Guaranty of Corporate Accounts	
In consideration of the extension of credit to the company/customer above, I/we petions now or hereafter owed by said company / customer to PracticeRange.com. The interest is the transfer of the large left and the control of the company / customer to PracticeRange.com.	
right to require that any action first be brought against the company / customer. Signature Title	Date
Signature Title	
Jignature Hill	Date