



8605 Palm River Rd - Tampa, FL 33619 - 800-825-5228 - www.usorthotics.com - Fax - 813-623-1055

Credit Application

COMPANY

Business Name _____ Phone _____

Street Address _____ Fax _____

City _____ State _____ Zip _____

Web Address _____ email address _____

Year Established _____ Federal ID Number _____

Practitioner # _____

OWNERSHIP Type of Business Corporation _____ Partnership _____ Individual _____

President _____ Vice President _____

Treasurer _____ Accounts Payable Manager _____

FINANCE

Bank Name _____ Bank Address _____

City _____ State _____ Zip _____ Phone _____

Credit Amount Requested \$ _____

TRADE REFERENCES Name Address City State Zip Phone Fax

1) _____ Fax _____

2) _____ Fax _____

3) _____ Fax _____

IMPORTANT: Our terms are net 30 days from invoice date. Any invoice past 60 days will result in a credit hold being placed on the account. A 1 1/2% monthly service charge will be added on delinquent accounts starting from the date of invoice. I certify that the above information is true and correct and that I fully understand the credit terms and agree to proper payment in consideration of extended credit. All returns must be in original sealed packaging, have an authorization number and are subject to a minimum 20% restocking charge. Special orders are not returnable. If the business is a corporation, partnership or limited partnership the undersigned agrees to be personally responsible for any obligations of the company listed above. I authorize information pertaining to our credit and financial position to be released to U.S. Orthotics, Inc.

All financial information will be held in the strictest of confidence.

Date _____

Signed _____ Title _____

Signed _____ Title _____