

# Credit Application

Business Name \_\_\_\_\_ Line of Credit Requested \$ \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Web Address \_\_\_\_\_

Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ E-mail \_\_\_\_\_ Phone# \_\_\_\_\_

D/B/A \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

D&B# (if available) \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ How long in Business \_\_\_\_\_

Trade References	
<b>Trade Reference 1</b>	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	
<b>Trade Reference 2</b>	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	
<b>Trade Reference 3</b>	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within **net 30 days terms** and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. 2 of 2

**To be Completed by Customer - Application Signature**

<b>Name:</b>	<b>Title:</b>	<b>Application Date:</b>
<b>Signature:</b>		

**Banking Information**

<p><b>Wire Transfer Information</b></p> <p>Confluent Medical Technologies, Inc.          Depository Account          Account Number: 0202601583          ABA # (Checks &amp; ACH): 064000017</p>	<p><b>Remit To Address</b></p> <p>Confluent Medical Technologies          Dept #2624          PO Box 11407          Birmingham, AL 35246-2624</p> <p>Email Payment Remittance Details to:          Accounts.receivable@confluentmedical.com</p>
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**Credit Department use only**

<b>Credit Decision:</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DECLINED</b>	
<b>D&amp;B Rating:</b>	<input type="checkbox"/> <b>Not Listed</b> <input type="checkbox"/> <b>Not rated</b>
<b>Terms:</b>	<b>Credit Limit:</b>
<b>Signature / Date:</b>  <b>Remarks:</b>	