

CREDIT APPLICATION – Please send completed applications to fax number: 440-835-2426

To ensure prompt review, please read carefully and fill out completely.		Today's Date:
1. Bill To: (Legal Company Name)		Ship To: (DBA/Trade Style if different)
Address:		Street Address:
City/State/Zip:		City/State/Zip:
Phone Number:		Purchasing Agent:
Fax Number:		E-Mail Address:
EMAIL Address for invoices:		D-U-N-S Number:

2. Type Organization:

Corporation:	Date Incorporated:	State of Incorporation:	ID Number:
Partnership:	Sole Proprietorship:	**Sales Tax Exempt Number:	ANTICIPATED MONTHLY PURCHASES: \$ _____

If Subsidiary, then name of parent corporation _____
Address _____

3. Principals of Company:

Name	Home Address Street Number, City, State, Zip	% Ownership	Cell Phone
			()
			()

4. Year Business Started _____ Accounts Payable Contact _____ Telephone _____

5. Type of Business _____ Company Website: _____

6. Name of Bank: _____ Account Number _____

Telephone _____ () Fax _____ ()

Address _____ City _____ State _____ Zip _____

7. Credit References:

1. Name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Account No.: _____

2. Name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Account No.: _____

3. Name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Account No.: _____

4. Name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Account No.: _____

5. Name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Account No.: _____

8. In applying for an open account, it is understood;

Payment terms are specified as **Net 30**, all payments should be received on or before the 30th day after invoice date.

Checks returned for any reason may cause an account to be placed on an immediate cash-in-advance status. Restrictive endorsements or other statements on checks are void

Credit cards are accepted for payments at time of shipments without a service fee. A service fee of 3% will be charged to customers for payment other than time of shipment.

Deductions from payments for any reason will not be allowed until credit memos are issued. Any such deductions will be shown as shortages on account and could result in suspension of open account privileges.

Customer will notify Accounting Department at Applied Home Healthcare Equipment, of any change in their financial condition or any situation that will delay payment according to terms.

All sales are presumed to be for resale unless otherwise noted.

Jurisdiction for the enforcement of any transaction made pursuant to this credit application shall be performed in the county of Cuyahoga, State of Ohio. All transactions taking place pursuant to this credit application shall be performed in the county of Cuyahoga, State of Ohio. The law and decisions of the State of Ohio shall govern all transactions taking place between the parties.

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees. All billing disputes must be reported by the customer within 15 days of receipt. The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate our credit references.

Guaranty

In consideration of credit being extended by Applied Home Healthcare Equipment to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to pay Applied Home Healthcare Equipment the faithful payment, when due, of all accounts of said applicant for purchases made. The guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Applied Home Healthcare Equipment, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Applied Home Healthcare Equipment, Attention: Credit Department, 28825 Ranney Parkway, Westlake, OH 44145.

****We are required to collect sales tax for Buyers unless we are provided with an exemption certificate.**

(Signature)

(Title)

(Print)

(Print)

Terms and conditions are subject to change.

(Date)

Please return this form via fax number: 440-835-2426

Or mail to:

**Applied Home Healthcare Equipment LLC.
ATTN: Credit Department
28825 Ranney Parkway
Westlake, OH 44145**