



Credit Application

DATE: _____

CUSTOMER # _____

PLEASE COMPLETE ALL AREAS

COMPANY INFORMATION

Company _____ Phone () _____ FAX () _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Person to Contact _____ Person to Contact _____

Check One: Proprietorship _____ Corporation _____ Partnership _____

Principal Owner(s) _____ Social Security # _____

_____ Federal ID Number _____

Years in Business _____ Type of Business _____

BANK INFORMATION:

Bank Name _____ Person to Contact _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Checking Account Number _____

*****TRADE INFORMATION*****

PLEASE GIVE COMPLETE ADDRESSES *****WE DO CREDIT CHECKING BY MAIL AND/OR FAX

1. Name _____ Account # _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____

2. Name _____ Account # _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____

3. Name _____ Account # _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____

IF CREDIT IS GRANTED, I AGREE TO PAY BY THE TERMS OUTLINED AT NET 30 DAYS. I ALSO AGREE TO PAY ALL ATTORNEY'S FEES, COURT COSTS, COLLECTIONS, AND ALL OTHER EXPENSES WHICH MAY BE INCURRED IN COLLECTING PAST DUE BALANCE OR INSUFFICIENT FUNDS CHECKS AS PERMITTED BY LAW.

SIGNATURE _____ TITLE _____ DATE _____

FIN FM - 12 Rev: 08/21/09

200 Cooper Avenue • P.O. Box 5111 • Tonawanda, New York 14151-5111
716-871-1161 • 800-828-7626 • Fax: (716) 871-0550
e-mail: info@greatlakesortho.com • Website: www.greatlakesortho.com