



Bedford, NH 03110 www.gforcebraces.com

Please fax the signed and completed application to 603-624-7388. For any questions regarding the application, call 888-248-9924.

Credit Application

Company Name: _____ Trade Name: _____

Bill To Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Type of Organization: ___ Physician Office ___ Medical Equipment ___ Distributor ___ Hospital ___ Out Patient Clinic
___ Nursing Home ___ Hospice ___ Other

Organizational Structure: ___ Nonprofit Corporation ___ For Profit Corporation ___ LLC Corporation
___ Sub Chapter S Corporation ___ Proprietorship ___ Partnership

Customer Contacts:

For LLC, Sub Chapter S Corporations, Partnerships, Proprietorships (additional names on a separate sheet)

Table with 5 columns: Name, Tel Number, Fax No., Soc. Sec #. Rows include Corporate Officers/Partners, Owners, Accounts Payable, and Purchasing.

Date Business Started ___/___/___ Tax Payer ID# _____
Credit Card Option ___ Visa ___ Mastercard ___ American Express
Credit Limit Requested _____ Expected Monthly Purchase Volume (\$) _____

For Credit Card Payments Only:
Card#: _____
Exp. Date: ___/___/___

Trade References:

Table with 5 columns: Name, Address, Contact, Phone #, Fax #. Rows 1, 2, 3.

Bank References: (two references if applicable)

Table with 5 columns: Name, Address, Contact, Phone #, Fax #. Rows 1, 2.

Applicant hereby certifies that the information furnished under this Application and any financial statements furnished in connection herewith, are true and correct and that this information is being furnished to G-Force Braces for the purpose of inducing G-Force Braces to extend credit to the Applicant.

I hereby release any and all credit or financial information to G-Force Braces or its assignees; By signing I am accepting your condition of sales.

Signature _____ Date _____

Please fax the signed and completed application to 603-624-7388. For any questions regarding the application, call 888-248-9924.

Sales Terms

In consideration of the extension of credit by G-Force Braces to Applicant, Applicant agrees to the following terms and conditions:

1. Payment terms for the purchase of good and/or services shall be Net 30 days from invoice.
2. G-Force Braces may curtail or discontinue its deliveries of products to Applicant should default of payment occur, or should any material change in Applicant occur, including but not limited to a change in ownership, event of insolvency, bankruptcy or any proceedings against Applicant that will, in G-Force Braces' judgement, adversely affect the Applicant's business.
3. To assist G-Force Braces in the determination of Applicant's credit-worthiness, Applicant will from time to time furnish to G-Force Braces upon request, a copy of the Applicant's most recent financial statement.
4. Applicant agrees to pay a service charge of 1.5% per month or, the maximum rate allowed by law, whichever is less, on overdue accounts.
5. Applicant agrees that after 60 days and several attempts to contract the Applicant, G-Force Braces may charge the Applicant's bank account all outstanding monies due on overdue accounts as permitted by law.
6. Should Applicant default in any payment, Applicant agrees to pay all reasonable costs incurred by G-Force Braces, including without limitation attorney's agencies' fees and expenses in collecting such payments.
7. In the event of litigation between Applicant and G-Force Braces, the litigation, at the option of G-Force Braces, shall take place in Hillsborough County, New Hampshire.

Signature

Date

Please fax the signed and completed application to **603-624-7388**.
For any questions regarding the application, call **888-248-9924**.

