

**Customer Billing Information**

Company Name			
Phone:	Fax:	Email:	
Registered Company Address:			
City:	State:	Zip Code:	
Number of Years in Business:			
Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____			
Tax Exempt?:	*** If Tax Exempt, Please submit a copy of your state tax exemption certificate		

**BUSINESS AND CREDIT INFORMATION**

Primary Business Address			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Type of Industry:			
Bank Address:			
City:	State:	Zip Code:	
Bank Contact:		Phone Number:	

**Business/Trade References**

Company Name:			
Address:			
City:	State:	Zip Code:	
Telephone:	Fax:	Email:	
Type of Account:			
Company Name:			
Address:			

City:	State:	Zip Code:
Telephone:	Fax:	Email:
Type of Account:		
Company Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	Email:
Type of Account:		

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 1.5% will be charged for balances 15 days past due, compounded daily.
2. By submitting this application, you authorize Caliber Medical, LLC. to make inquiries into the banking and business/trade references that you have supplied, as well as periodic credit checks
3. Scanned & Emailed application is deemed to be original. No oral agreements or modifications will be accepted.
4. Caliber Medical reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Caliber Medical to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

**Signatures**

Printed Name:	<p align="center">           Caliber Medical, LLC            841 23rd street            Suite 28            Aliquippa, PA 150101  <a href="http://www.calibermed.com">www.calibermed.com</a>  <a href="mailto:sales@calibermed.com">sales@calibermed.com</a> </p>
Title	
Date:	
Signature:	

**INTERNAL USE ONLY:**

Type of Account Approved:	Credit Card Only	_____
	Net 30 Terms	_____
Approved by:	Date Approved:	