

Credit Application



175 Park Street • Livermore Falls, Maine 04254

Toll Free: (855) 735-PTOL
Phone: (207) 897-5558
Fax: (207) 897-1117
info@pinetreeorthopedic.com

Business Name: _____

Principal Name: _____

Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

City: _____ State: _____

Zip: _____

Social Security or Tax ID number: _____

Years in Business: _____

Is Your Business: Corporation Proprietorship Partnership LLC

Amount of Credit Desired \$ _____

Person to contact regarding orders: _____

Person to contact regarding payment _____

Pay By Credit Card: Those customers who prefer to pay by credit card at the time of product shipment may do so by completing the **Credit Card Authorization** agreement which is available for download at www.pinetreeorthopedic.com. If you do not wish to establish an open credit line, please complete this form and fax to (207) 897-5558.

Credit Reference

Bank Name: _____ Contact Person: _____

Address: _____

Trade References (Please list three)

Name: _____ Account #: _____

Address: _____ Phone: _____

Contact: _____ Fax: _____

Name: _____ Account #: _____

Address: _____ Phone: _____

Contact: _____ Fax: _____

Name: _____ Account #: _____

Address: _____ Phone: _____

Contact: _____ Fax: _____

By signing below, I hereby certify that I am an authorized agent of my company. My company is applying for credit with Pine Tree Orthotic Lab, Inc. (PTOL). I hereby authorize PTOL and its agents to use the above information to determine my company and my credit worthiness. I further authorize any party to whom this is presented to release information concerning my company and my credit worthiness. I hereby certify that this information is correct to my knowledge. I realize that initial orders may be shipped C.O.D. pending credit approval. I understand and agree on my behalf and company's behalf to pay finance charges of 1.5% per month on any balance that is past due. I and my company agree to abide by terms and conditions of this application and I or my company will pay all legal fees associated with collection should this account become delinquent. I further understand and agree that any disputes between parties regarding invoices, charges, account balances, or any other matter will be litigated and resolved in a District Court or Superior Court, in the County of Androscoggin, in the State of Maine, and pursuant to the laws of the State of Maine. I further agree that in the event my company fails to pay pursuant to the terms and conditions set forth above, I personally, unconditionally guarantee to PTOL, the full and prompt payment when due of the principal and interest and all other sums payable by the company under this Credit Agreement. I further waive any notice of presentment, demand, protest or notice of dishonor, nonpayment, or other defaults with respect to the obligations set forth above.

Signature of Authorized Agent Personally and For The Company Above: _____

Date: ____/____/____

Printed Name: _____

Title: _____