

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

Please fill out entire form. Sign and attach Resale/Tax Exempt Form. For open credit accounts, entire form must be completed. If you prefer to pay by credit card, simply complete section 1. Then complete the Credit Card Authorization Form and fax to (207) 897-1117.

SECTION #1

Business Legal Name: _____ Date: ___/___/___
Mailing Address: _____ Phone: _____
IF MULTIPLE SHIP TO ADDRESSES, PLEASE ATTACH A SEPARATE SHEET.
Shipping Address: _____ Fax: _____
Federal ID/SSN: _____ Years in Business _____
Type of Business: _____ Amount of credit desired \$ _____
Sole Proprietorship Partnership Limited Liability Corporation Corporation
Subsidiary of: _____

OWNERS/OFFICERS

Name: _____ Title: _____ Phone: _____
Address: _____
Person to contact regarding payment: _____ email: _____
Person to contact regarding orders: _____ email: _____
email to send invoices to : _____ Please mail physical invoices

SECTION #2

TRADE REFERENCES (Must list three)

Company Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____ Acct # _____
Company Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____ Acct # _____
Company Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____

BANK INFORMATION

Bank Name: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____ Contact: _____

By signing below, I hereby certify that I am an authorized agent for my company. My company is applying for credit with Pine Tree Orthopedic 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 the 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 invoice, 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 principle and interest and all other sums payable to the company under this Credit Agreement. I further waive any notice of presentment, demand, protest or notice of dishonor, nonpayment, or other defaults with the respect to the obligations set forth above.

Signature of Authorized Agent Personally and For The Company

Above : _____ Date: ___/___/___
Printed Name: _____ Title: _____