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**Credit Application**

**E-A-B Medical, LLC**

www.EaBMedical.com

|  |
| --- |
| **Business Contact Information** |
| *Company Name:* |  |
| *Phone:* |  | *Fax:* | *Email:* |
| *Address:* |  |
| *City:* |  | *State:* | *Zip Code:* |
| *Years in Business:* | ***FEIN:*** |
| *Sole Proprietorship:* | *Partnership:* | *Corporation:* | *Other:* |

|  |
| --- |
| **Ownership** |
| *President / Owner Name:* |  | *Address:* |  |
| *City:* | *State:* | *Zip Code:* |
| *Treasurer Name:* |  | *Address:* |  |
| *City* | *State:* | *Zip Code:* |
| *Secretary Name:* |  | *Address* |  |
| *City:* | *State:* | *Zip Code:* |
| **Trade References** |
| *Company Name:* |
| *Address:* | *City:* | *State:* | *Zip Code:* |
| *Phone:* | *Fax:* | *E-Mail:* |
| *Type of Account:* |
| *Company Name:* |
| *Address:* | *City:* | *State:* | *Zip Code:* |
| *Phone:* | *Fax:* | *E-Mail:* |
| *Type of Account:* |
| **Agreement** |
| ✓To Assume responsibility for purchase by everyone authorized by the applicant or for purchases delivered to the address of the applicant herein. |
| **✓To pay purchases on time of order : 30-DAY Terms** |
| ✓To pay service charge on accounts not paid as provided in the event that collection effort is necessary to enforce collection on account. |
| ✓To pay actual attorney fees, collection cost and court cost incurred in the event that collection effort is required or suit is instituted to enforce to collection of said account. |
| ✓By submitting this application, you authorize E-A-B Medical, LLC (Expand-A-Band Medical, LLC) to make inquiries into Trade References that you have supplied. |
| **Signatures** |
| Title:Date: | Title:Date: |

***Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(For E-A-B Medical, LLC use only)*

***You may send your Credit Application to:***

***Email –*** ***custserv@eabmedical.com***

***Fax - (310) 353-2484***