
Customer Credit Application

1. General Information

Name of your Chinook Medical Gear, Inc. Sales Representative: _____

Date (dd/mm/yyyy): ____/____/____

Corp Name: _____

dba: _____

Federal Tax ID Number (if applicable): _____

DUNS#: _____

Nature of Business: _____

Type of Business: ___ Government ___ Corporation

How long in business? _____

Principals: (Name) _____

(Title) _____ Phone: _____

Principals: (Name) _____

(Title) _____ Phone: _____

2. Accounts Payable (Billing) Information

Accounts Payable Contact: _____

A/P Phone Number: _____ A/P Fax Number: _____

A/P E-Mail Address: _____

Billing Address: _____

Are Purchase Order Numbers Required? ___ Yes ___ No

Tax Exempt #: _____ Please fax a copy of your tax exempt certificate back with this form.

3. Shipping Information (if multiple contacts, please attach separately)

Shipping (Buyer) Contact: _____

Shipping Phone Number: _____ Shipping Fax Number: _____

Shipping E-Mail Address: _____

Shipping Address: _____

4. Bank Information

Bank Name: _____

Bank Phone Number: _____

5. Business/Trade References (Name and Location)

1. _____

Phone: _____ Fax: _____

2. _____

Phone: _____ Fax: _____

Terms and Conditions

Upon acceptance by the management of Chinook Medical Gear, Inc. the following terms shall form a part of any subsequent agreement for the sale, purchase of goods, from Chinook Medical Gear, Inc. to the applicant(s).

1. The written acceptance of goods delivered by Chinook Medical Gear, Inc. to the premises of the applicant(s) all is deemed to be confirmation of the delivery of goods to the applicant(s), without dispute as to the authority of that person to accept delivery, and shall pass the risk of the goods at that time to the applicant(s).
2. Interest may be charged on all overdue portions of the applicant's account at the current rate, as advised from time to time, commencing at 18% per annum (1.5% per month). The overdue portion is defined as any amount which extends over thirty (30) days from the invoice date, unless other arrangements have been made.
3. All sums paid by Chinook Medical Gear, Inc. by reason of a default in payment by the applicant(s) of the sum outstanding on this account, from time to time, including any expense incurred in any proceeding, judicial or otherwise, to recover the balance on the account (including in all such cases lawyers' fees on an attorney and client basis) shall be payable by the applicant(s) to Chinook Medical Gear, Inc. forthwith at the address as set out above. If not paid, all such sums shall bear interest, on the basis set out above, from the time or times the sums become payable to Chinook Medical Gear, Inc.
4. Any check issued in payment of invoice(s) owing to Chinook Medical Gear, Inc., which is returned by the bank for any reason (such as N.S.F., lack of signature, or incorrect completion in any way) will be subject to a service charge of \$25.00 payable in cash or separate check to Chinook Medical Gear, Inc.
5. Any additional principal applicant(s) shall be jointly and severally liable with the applicants named in this application.
6. In the event the business, herein referred to, is sold to another party or there is a change in the present ownership, I/we agree to inform Chinook Medical Gear, Inc. in writing of the change and further agree to accept responsibility for all indebtedness incurred until such written notification is officially received and acknowledged by Chinook Medical Gear, Inc.
7. Property in and title to merchandise shall remain in vendor name until purchase price is paid in full.

I/we hereby certify that the information on this application is true and complete. In applying for credit, I/We understand the terms of credit to be full payment no later than thirty (30) days after invoice date. Failure to meet these terms may result in a service charge of 1.5% per month in addition to the possible discontinuation of credit privileges.

In consideration for establishing a monthly account with Chinook Medical Gear, Inc. I/We hereby agree to all terms and conditions outlined on both pages of this application and consent to a personal investigation being made or being caused to be made on connection with this application for credit.

Dated the _____ day of _____ 20____, in the state of _____

Applicant Signature: _____ Title _____

*** Please fax completed form and tax exempt certificate form to Receivables Department at (970) 375-6343.**