



# AmeriMed Corporation Credit Application

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
Legal Business Name \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Owner's Name (if business is not a corporation) \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ D&B# \_\_\_\_\_  
Purchasing Contact \_\_\_\_\_ Line of Credit Requested \_\_\_\_\_  
e-mail address \_\_\_\_\_

If above address is branch, please provide Headquarters information:

Name (if different than above) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
A/P Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Controller \_\_\_\_\_ Phone \_\_\_\_\_  
Tax Exempt Number \_\_\_\_\_ Federal Tax I.D. Number \_\_\_\_\_  
Date Present Business Began \_\_\_\_\_ Years at this address \_\_\_\_\_

Type of Business     Distributor     Buying Group     EMS/Clinic     Hospital  
Type of Ownership     Corporation     Partnership     Sole Proprietor     Other

## Trade References

(Please provide at least three medical supply or medical manufacturer references)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Acct# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Acct# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Acct# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Acct# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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## Bank Reference

Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_  
 Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above statements are submitted for the purpose of obtaining credit and are believed to be true, complete and correct.

I authorize investigation and verification of the references listed above to determine eligibility for an account with your company. In addition, I authorize the release of credit information from all credit reporting agencies that you contact.

Signature of \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
 Applicant \_\_\_\_\_  
 (signature of a duly authorized representative required)

Financial statements may be required based upon the requested line of credit. The above signature acknowledges and accepts the terms and agreements outlined on the back of the credit application.

## Personal Guarantee

For further consideration, the undersigned personally guarantees the full performance and compliance by the Applicant of all terms and conditions of this credit agreement. In addition, the undersigned also personally guarantees to pay any indebtedness owed to AmeriMed Corporation that may occur as a result of unpaid invoices.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Terms: Net 30 days – A Monthly service charge of 1.5% will be assessed on accounts over 30 days. This writing contains the full, final and exclusive statement of the Agreement between AmeriMed Corporation and Applicant and no other terms or conditions shall apply unless agreed upon in writing signed by the authorized representative of AmeriMed Corporation. PLEASE INCLUDE YOUR TAX EXEMPT FORM

## TERMS AND CONDITIONS

Standard terms are net 30 days upon approval of a signed credit application. Other payment terms may include ROG, Wire Transfer, COD and prepayment. AmeriMed Corporation will accept a company check for COD orders provided a favorable bank reference is furnished (COD is not available for drop ship orders).

Terms payment is required within 30 days from the date of invoice.

Credit limits are established for each account and are strictly enforced.

Accounts may be placed on hold if payment is past due or if the account balance is above the approved credit limit.

Accounts with credit limits exceeding \$50,000.00 may be required to furnish financial statements semi-annually. Financial statements to include balance sheet and income statement.



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Pricing discrepancies must be addressed with the accounts receivable department within 30 days from date of shipment.

Legal fees associated with the collection of delinquent accounts, the retaining of an attorney, and the court costs associated with collection of past due monies will be the responsibility of the customer.

Any shipping discrepancy must be reported within 48 hours from date of receipt.

Returned checks will be charged \$20.00 per check.

Accounts with past due balances will be placed on hold until the past due invoices have been paid.

AmeriMed Corporation reserves the right to withdraw open credit terms or to reevaluate credit terms and or credit limits at anytime.

Election by AmeriMed Corporation to forego or forgive delinquency, late charges or any other requirement of this Agreement as to any specific transaction with Applicant shall not be construed as a general waiver by AmeriMed Corporation of the conditions and requirements of this Agreement to all other credit transactions between AmeriMed Corporation and Applicant.