



9588 TOPANGA CANYON BLVD CHATSWORTH CA 91311 * Direct (818) 408- 9504 * Fax (818) 849-6874

CONFIDENTIAL CREDIT APPLICATION & SALES AGREEMENT

Please select the credit line requested below:

Letter of Credit or Wire Transfer

COD Cash: All Shipments via Certified Check or Money Order

COD Co. Check

Open Account: Select Credit Limit (financial statements required)

USD \$2,000

\$5,000

\$10,000

\$50,000

over \$100,000

GENERAL INFORMATION

Legal Name of Firm

DBA

Name of Parent Company, if Subsidiary

Federal I.D.

Type of Business:

Private Corp.

Public Corp.

LLC

LLP

Sole Proprietorship

Agent

Sub-Agent

Carrier

Distributor

Business Mailing/ Billing Address

Business Shipping Address

Phone

Fax

Email Address

Years in Business

No. of Locations

Carrier/s Supported

Authorized Purchasing Agent

Authorized AP Contact

Purchase Order Required?

Yes

No

Others

Listed in D & B/ credit bureau

Yes

No

Others

Principals

Title

Ownership Percent

PERSONAL INFORMATION OF PRINCIPALS

Name

Title

Home Address

City

State

Zip

SSN

DL

Tel

Name

Title

Home Address

City

State

Zip

SSN

DL

Tel

Name

Title

Home Address

City

State

Zip

SSN

DL

Tel

BANK REFERENCES

Bank			Account#			
Address			City		State	Zip
Contact			Phone			
<i>Bank Credit Line:</i>	<i>Secured</i>	<i>Yes</i>	<i>No</i>	<i>Personal Guaranty</i>	<i>Yes</i>	<i>No</i>

Bank			Account#			
Address			City		State	Zip
Contact			Phone			
<i>Bank Credit Line:</i>	<i>Secured</i>	<i>Yes</i>	<i>No</i>	<i>Personal Guaranty</i>	<i>Yes</i>	<i>No</i>

TRADE REFERENCES

Company			Account#			
Address			City		State	Zip
Contact			Phone			
<i>Please check appropriate box</i>	<i>UCC Filing</i>	<i>Floor Planned</i>	<i>Personal Guaranty</i>	<i>None</i>		

Company			Account#			
Address			City		State	Zip
Contact			Phone			
<i>Please check appropriate box</i>	<i>UCC Filing</i>	<i>Floor Planned</i>	<i>Personal Guaranty</i>	<i>None</i>		

Company			Account#			
Address			City		State	Zip
Contact			Phone			
<i>Please check appropriate box</i>	<i>UCC Filing</i>	<i>Floor Planned</i>	<i>Personal Guaranty</i>	<i>None</i>		

RESALE LICENSE/PERMIT**I HEREBY CERTIFY,**

That I hold valid seller's permit no. _____ issued pursuant to the Sales and Tax Law; that I am engaged in the business of selling *Healthcare PRODUCTS AND ACCESSORIES* that the tangible personal property described herein which I shall purchase from Ladybug Medical Supply Co., will be resold by me in the form of tangible personal property, Provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase of such property. Description of property to be purchased: *Healthcare PRODUCTS AND ACCESSORIES*

I hereby authorize you to release all information regarding accounts, loan or line of credit information and payment history. This information is be used in the review of an application for open credit and will be held in the strictest confidence.

Signed**Title****Date**