North Coast Medical, Inc.
8100 Camino Arroyo, Gilroy, CA 95020
Toll-Free: 800-821-9319
Toll-Free Fax: 877-213-9300
North Coast www.ncmedical.com

Application for Credit

(Please Print or Type)

Company Information

Business Name: _____ Date Business Established: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Type: _____ ❒ Corporation ❒ Partnership ❒ Sole Proprietorship

Phone: ( ) _____ Fax: ( ) _____

E-mail: _____

Purchase Order Required: ❒ Yes ❒ No

Ownership Information

Name: _____ Federal ID#: _____
(S.S. # for sole proprietorship/partnership)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: ( ) _____ CEO Name: _____

Current Credit References

Name	Address	
1. _____	_____	Ph: ( ) _____
2. _____	_____	Ph: ( ) _____
3. _____	_____	Ph: ( ) _____

Bank Information

Bank Name: _____ ACCT #: _____

Address: _____

Contact: _____ Ph: ( ) _____ Fax: ( ) _____

Credit Agreement

Applicant hereby agrees to the terms and conditions as set forth herein:

1. All information is submitted for the purpose of requesting that North Coast Medical extend credit to the applicant or maintain credit for existing customers. Customer authorizes North Coast Medical to verify any references or financial information currently or previously provided pertaining to applicant's credit and/or financial responsibility.
2. Terms of sale are Net 30 Days from date of invoice. All invoices are payable in U.S. dollars.
3. All invoices are deemed correct unless North Coast Medical receives notice of dispute within 20 days of invoice date. Items returned after 30 days of invoice date are subject to a minimum 15% restocking fee. Invoice(s) aged over 30 days from invoice date may be subject to a 1% per month finance charge.
4. Open invoice(s) that are paid with a credit card will be subject to a 2.5% processing fee. Prepaid orders do not incur the processing fee.
5. California customers are subject to sales tax unless North Coast Medical has an original signed and dated resale certificate on file.
6. In the event of a lawsuit, applicant agrees to pay cost of collection, including attorney fees. Court jurisdiction resides in Santa Clara County, California.

ALL INFORMATION SUPPLIED IS CORRECT AND I AGREE TO TERMS OF PAYMENT WITHIN 30 DAYS FROM DATE OF INVOICE.

Signature: _____ Date: _____

Name (print): _____ Title: _____

Submit

Rev. 02/11

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