



**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	Ph: ( ) _____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Bank Information**

Bank Name: \_\_\_\_\_ ACCT #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Requested Amount: \_\_\_\_\_

**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 1.5% per month late fee.
4. Returned checks may be subject to at \$25 fee for the first returned check and \$35 for all subsequent checks, per *Cal. Civ. Code §1719 (2003)*. Balances from returned checks that are paid with a credit card are subject to a 4% fee.
5. Accounts placed with outside collections due to non-payment within the credit terms may be held responsible for collections fees.
6. 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.
7. California customers are subject to sales tax unless North Coast Medical has an original signed and dated resale certificate on file.
8. 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: \_\_\_\_\_