



# CREDIT APPLICATION

Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ Fax \_\_\_\_\_  
 Web Address \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Corp. \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_  
 Time in Business \_\_\_\_\_ State of Organization \_\_\_\_\_ Resale Permit No. \_\_\_\_\_  
 Federal Tax ID \_\_\_\_\_ DUNS # \_\_\_\_\_ Medicare Supplier # \_\_\_\_\_

## OFFICERS OR OWNERS:

Name \_\_\_\_\_ % \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Name \_\_\_\_\_ % \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

## BANK REFERENCE (MUST INCLUDE ACCOUNT NUMBER):

Name \_\_\_\_\_ Account No \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_

## TRADE REFERENCES (MUST INCLUDE FAX NUMBER):

Name \_\_\_\_\_ Account No \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Name \_\_\_\_\_ Account No \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Name \_\_\_\_\_ Account No \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax No. \_\_\_\_\_

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender, or funding service that be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation review process and waives any right or claim that they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

**If personal guarantee is not executed, complete financial statements will be required prior to credit being established.**

The undersigned certifies that the above is true and correct and agrees to pay for all goods purchased in compliance with the terms of the Seller. Unless otherwise agreed to in writing, said terms are that all goods are to be paid in full by the due date. The price for all goods purchased and not paid for by the due date shall increase to the second amount on the invoice for late payments. In the event this account is referred to an attorney and/or litigation is commenced to collect any amounts owed to Seller, the undersigned hereby agrees to pay all costs of collection, including court, investigative costs and attorneys fees, including attorney fees which may be incurred in any bankruptcy proceeding, whether for relief from stay, to determine nondischargeability of debt, or otherwise. Applicant further agrees that Oklahoma Law shall be applicable to any matter arising from the extension of credit to applicant and hereby further agrees to Oklahoma personal and in rem Jurisdiction.

Applicant agrees that title to all goods purchased from Seller shall remain with Seller until payment in full has been received. Applicant further grants to Seller a continuing security interest in all goods purchased from Seller to secure the payment of all amounts due from applicant to Seller. To perfect this security interest, applicant hereby appoints Seller, and any of Seller's designated employees or officers, applicant's attorney-in-fact ("Attorney-In-Fact") to execute and file any all UCC financing statements, and continuations thereof, in any jurisdictions in which Seller's goods or merchandise may be possessed by applicant.

In consideration of the financial accommodations provided to applicant, and in consideration of any goods or material provided applicant to open account or otherwise, by Seller, the undersigned person executing this application on behalf of applicant hereby personally guarantees full payment of all amounts due from applicant to Seller at all times until Seller receives written notice from the undersigned terminating said guaranty as to future credit extended to applicant. This guaranty of full payment includes the amount due for all goods and materials together with interest thereon and costs of collection thereof, including, without limitation, actions in bankruptcy, whether for relief from stay, actions to nondischargeability of debt, or otherwise.

Applicant hereby agrees that Seller may contact any references provided by applicant to Seller, and further agrees that Seller may report Applicant's credit history with Seller to any person, businesses or entities which may make inquiry with regard thereto.

\_\_\_\_\_  
FULL NAME OF GUARANTOR (PRINTED)

\_\_\_\_\_  
SIGNATURE OF GUARANTOR

\_\_\_\_\_  
SOCIAL SECURITY OF GUARANTOR

\_\_\_\_\_  
DATE

PLEASE FAX COMPLETED APPLICATION TO 405.840.8480

**FOR PRIMATECH MEDICAL SYSTEMS USE ONLY**

Amount of Credit Extended \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Date \_\_\_\_\_