

CREDIT APPLICATION

Global Orthopedic, Inc
6540 Lusk Blvd. Ste. C255
San Diego, CA 92121
Email: sales@globalorthopedic.com
Direct (800) 673-7252 Fax (858) 509-1879

Company Name: _____

Type of Entity: Corporation Proprietorship Partnership Other

Federal Tax ID No#: _____ **Resale Number (Tax Exemption) PLEASE INCLUDE FORM**

Years in Business _____ **Name of Prosthetist / Orthotist** _____ **Certification Number** _____

Key Management Members & Owners	Title	Percentage of Ownership
1) _____	_____	_____
2) _____	_____	_____

Billing Address (Bill To): _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number** _____ **Fax** _____

Accounts Payable Contact	Email address	Purchasing Contact
_____	_____	_____

Ship to Address (Different): _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number** _____ **Fax** _____

Banking Information

Bank Name	Account Number	Contact Person	Phone Number ()	Fax Number ()
_____	_____	_____	_____	_____

Company Name	Account Number	Contact Person	Phone Number ()	Fax Number ()
_____	_____	_____	_____	_____

Company Name	Account Number	Contact Person	Phone Number ()	Fax Number ()
_____	_____	_____	_____	_____

Type of Business

Type of Business: Orthopedic Clinic Podiatry Orthotic/Prosthetics DME/Retail Store Pharmacy
 Hospital Government/VA Surgery Center Urgent Care
 Stocking Distributor University/School Other: _____

If Distributor is checked: Which type of business do you sell to? See above for reference. _____

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Payment Terms with Payment Method: Selection and Agreement to Global Orthopedic offered terms

Note: Select one box as the agreed to Standard Payment Terms and Payment Method

Net 30 Days Payment Terms with Payment Method by Check or Wire Transfer only
By selecting Net 30, you agree to pay within 30 days after the date of invoice by check or wire.

Credit Card Payment with Payment Method by Credit Card provided with order

By selecting Credit Card terms you agree to pay by a provided card at time of shipment. If card fails for any reason, terms default to due immediately - paid by check or wire.

Applicant understands that Global Orthopedic has the right to rescind open payment terms at any time. Applicant agrees that a facsimile or E-mailed copy of the signature shall be accepted as the original.

Invoice/Statement Delivery Method: Group E-mail address preferred

E-mail: E-mail address _____ Mail

Customer must include tax exemption for with the completed credit application; otherwise, tax will be charged where applicable. We certify that all the information on this form is true and correct. We fully understand and agree to pay in accordance to our selected standard Payment Terms and Payment Method provided under the Payment Terms section. We authorize Global Orthopedic, Inc. to contact any source necessary (including our bank, credit references and any credit bureaus) to complete an evaluation of our credit and financial history and hereby request that our bank and references release information requested about our account.

In consideration of extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due Global Orthopedic, Inc. If Global Orthopedic, Inc. must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection, including but not limited to collection fees, reasonable attorney fees, court costs and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made on or before 30 days from the date of the invoice. By signing this agreement, applicant further acknowledges that the individual signing on its behalf is authorized to do so and that applicant will be bound by such signature.

Signature

Title

Dated

Print Name of Signature

Global Orthopedic Tax ID# 27-3188792
Global Orthopedic REMIT TO ADDRESS:
6540 Lusk Blvd. Suite C255
San Diego, CA 92121