

**QuickMedical****Credit Application**

The undersigned company is applying for credit with QuickMedical and agrees to abide by the standard terms and conditions (as stated below).

Company Name

DBA (if different)

Contact Person

Address

Phone

Fax

Federal tax ID or Social Security Number

Type of business

No. of employees

Date business established

Types of products you will purchase

Amount of credit requested

\$

Are you a:

 Corporation

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

Credit Application

Partnership		
Names and addresses of the partners		
Sole Proprietorship		
Are you sales tax exempt?	Yes	No
Have you ever had credit with us before?	Yes	No
If yes, under what name?		
Authorized purchasers		
Purchase order required?	Yes	No
<b>Trade References</b>		
Reference #1	Name	
	Address	
	Phone	
Reference #2	Name	
	Address	
	Phone	
Reference #3	Name	
	Address	
	Phone	

<b>Bank References</b>	
Bank #1	Name
	Address
	Phone
Bank #2	Name
	Address
	Phone
<p>I represent that the above information is true and is given to induce QuickMedical to extend credit to the applicant. My company and I authorize QuickMedical to make such credit investigation as QuickMedical sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to QuickMedical any and all information concerning the financial and credit history of my company and myself.</p>	
<p>I have read the terms and conditions stated below and agree to all of these terms and conditions.</p>	
<p>Authorized Signature:</p>	
<p>Printed Name:</p>	
<p>Title:</p>	
<p>Date:</p>	
<p><b>General Terms and Conditions</b></p>	
<p><b>Payment Terms:</b> Net 30 Days from invoice date. Payment must be received before or on due date.  <b>Late Fees:</b> 1.5% late fee will be added for each month past due. Customer agrees to pay all late fees.  <b>Return Policy:</b> All products carry a manufacturer's warranty against defects. The product warranty information can be found on the product information page on our web site and/or inside the box or packaging. After 30-days, all products are covered by the manufactures standard warranty. Select items that are not covered by the 30-day QuickMedical money back guarantee include those that are exposed to body fluids like blood, breast milk, saliva, urine, sores or wounds once opened or seal is broken. Visit our customer service pages for more specifics.  <b>Return Shipping:</b> Customer agrees to pay all return shipping charges.  <b>Return Check Fee:</b> A \$30 Check fee will be charged.  <b>Defective Items:</b> All defective items must be confirmed defective with the factory. Special ordered items: All items that are special order are non returnable. This will pertain to items with special color, size or alteration. Quick Medical will not be held responsible for items ordered with a special color not meeting customer requirement.  <b>Restock Fee:</b> QuickMedical does not charge a restock fee. Some manufacturers will charge a restock fee to return product, the customer agrees to pay this fee if applicable.  <b>Shipping:</b> If delivery is refused or if shipping company cannot deliver for any reason the customer agrees to cover any additional shipping expense.</p>	
<p>The signee and company represented agree with QuickMedical Terms and return policy. In the event that Quick Medical should have to go through a collection agency to collect funds, the customer agrees to pay all reasonable collection and legal fees.</p>	