



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

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 :		Type of Business:
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:

BUSINESS AND CREDIT INFORMATION

No. of employees :	Federal tax ID or Social Security Number:		
Amount of credit requested:		Date Business Established:	
Type of products you will purchase:			
Are you a Corporation?	Yes	No	State of incorporation:
Are you a Partnership?	Yes	No	
Are you a Sole Proprietorship?	Yes	No	
Are you sales tax exempt?	Yes*	No	
Had credit with us before?	Yes	No	

*Please fax a copy of your sales tax exempt certificate to 425-222-6030

CHIEF CORPORATE OFFICERS OR PARTNERS

Name 1:	Title:
Address:	
Name 2:	Title:
Address:	
Name 3:	Title:
Address:	

ACCOUNTS PAYABLE CONTACT INFORMATION

Name:		
Phone:	Fax:	E-mail:

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

BANK REFERENCES		
#1: Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
#2: Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
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.		
SIGNATURES		
I have read the terms and conditions stated below and agree to all of these terms and conditions.		
Authorized Signature:	Authorized Signature:	
Printed Name:	Printed Name:	
Title:	Title:	
Date:	Date:	
AGREEMENT AND PAYMENT TERMS		
<p>PAYMENT TERMS QuickMedical's payment term is net 30 days. Please indicate net 30 days on your purchase order to prevent delays in the processing of your order.</p> <p>LATE FEES All late payments will be assessed a 1.5% finance fee per month for each beginning 30 day period past due, and customer agrees to pay these finance charges if applicable. A \$25 fee will be charged on all returned checks.</p> <p>RETURN POLICY The standard return policy for most products is 30 days from the ship date; however, QuickMedical has over 20 thousand items featured on the web site. The return policy for each product may vary. For more detailed return information on any product, please view the specific product page at www.quickmedical.com. All products that are exposed to body fluids or have expiration dates or temperature sensitive are non returnable.</p> <p>RETURN SHIPPING Customer is responsible for return shipping charges, unless the item is confirmed defective with the manufacturer. If any product is found to be defective, QuickMedical will promptly exchange and send a return label or UPS call tag for the return.</p> <p>RMA (RETURN MATERIAL AUTHORIZATION) An RMA number is required on all returns. Call QuickMedical for an RMA number and instructions on how and where to return your order. All returns without an RMA number are subject to our 30 day return policy and may not be honored. If the return is honored, a 25% restock fee will be applied. If the return isn't honored the item will be returned to the customer at their expense.</p> <p>DEFECTIVE ITEMS: All defective items must be confirmed defective with the factory, if found defective a replacement will be sent or an RMA issued for return.</p> <p>SPECIAL ORDERED ITEMS All items that are special ordered are non returnable. This will pertain to items with special color, size or alteration. QuickMedical will not be held responsible for items ordered with a special color not meeting customer requirement. Color swatches can be provided upon request.</p> <p>RESTOCK FEE: Most returns do not get charged a restock fee. Some products that are drop shipped from the factory may be subject to a factory restock fee. These fees are determined by the manufacturer at the point of return.</p> <p>TAX EXEMPT: *If you are tax exempt, please fax your reseller certificates along with this application to 425-222-6030.</p>		

Please check the box appropriate for your company:

I authorize QuickMedical to accept verbal purchase orders from the following employee's.
A purchase order number is required.

Employee 1

Employee 2

Employee 3

Employee 4

Employee 5

My company does not use purchase order numbers. I authorize QuickMedical to process orders without a purchase order number from the following employee's.

Employee 1

Employee 2

Employee 3

Employee 4

Employee 5

My company requires a purchase order requisition for all orders. We will fax or e-mail our purchase orders.
Form must be signed below by an authorized officer of your organization.

Print Name and Title

Signature and Date

Email Address