



BILT-RITE ORTHOPEDICS & SAFETY
CREDIT APPLICATION

Date: _____

Credit Limit Requested: \$ _____

Company Information

Name: _____	Phone# _____
DBA (if different) _____	Fax# _____
Address _____	Email _____
City _____ State _____	Zip Code _____
Type of Company: _____ Corporation _____ Partnership _____ Limited Liability Company (specify) _____ Sole Proprietor _____ Other	
Federal Tax ID# or Social Security Number _____	How long in business? _____
State where incorporated _____	Number of employees _____

Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is require

<u>Name</u>	<u>Title</u>	<u>Ownership%</u>	<u>Home Address</u>	<u>Home Phone #</u>

Bank Reference

Name of Bank: _____	Bank Address _____	Phone # _____
Contact Name: _____	Account #: _____	Type of Account: _____

Trade References

Please list atleast three significant business relationships.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Contact</u>

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation.

Applicant Company Name: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____