



ORTHOPEDIC & SPORTS MEDICINE

Credit Application

H&W Sales Rep: _____

Date: _____

Firm Name: _____

DBA _____

Billing Address:

Shipping Address:

Phone Number: (____) _____

Fax Number: (____) _____

Accounts Payable Contact and Phone Number: _____

Email for Invoices: _____ EDI Contact & Email: _____

Manager/Buyer: _____ E-mail: _____ Years in Business: _____

Check One: () Corporation () Partnership () Sole Proprietor

Type of Business: _____ EIN.: _____

PARTNERS/SOLE PROPRIETOR INFORMATION

(1) Name: _____

Address: _____

Social Security No.: _____ Home Phone: (____) _____

(2) Name: _____

Address: _____

Social Security No.: _____ Home Phone: (____) _____

TRADE REFERENCES

(1) Name _____
Address _____

ACCT# _____
Phone Number: (____) _____
Fax Number: (____) _____

(2) Name _____
Address _____

ACCT# _____
Phone Number: (____) _____
Fax Number: (____) _____

(3) Name _____
Address _____

ACCT# _____
Phone Number: (____) _____
Fax Number: (____) _____

BANK REFERENCE

Name _____
Address _____

ACCT# _____
Phone Number: (____) _____
Fax Number: (____) _____

Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with Hely & Weber's terms. A monthly service fee of 1.5% will be charged on all past due accounts. The above information is for the purpose of obtaining credit and warranted to be true. I/WE hereby authorize HELY & WEBER to investigate the listed references pertaining to my/our credit and financial responsibility.

Print or type Name Signature Title