



# Credit Application

## Company Profile

Company Name

Address

(Street)

(City)

(State)

(Zip Code)

Phone

Fax

Contact Person

Email

Mobile Phone

Ownership: Corporation  Partnership  Sole Owner

Federal Tax I.D. #

Type of Business

Date Established

No. of Employees

## Bank References

### Checking

Bank Name

Account #

Address

(Street)

(City)

(State)

(Zip Code)

Phone

Fax

Contact Person

Email

### Savings

Bank Name

Account #

Address

(Street)

(City)

(State)

(Zip Code)

Phone

Fax

Contact Person

Email

## Trade References

1.

Company Name

Account #

Address

(Street)

(City)

(State)

(Zip Code)

Phone

Fax

Contact Person

Email



# Credit Application

**Trade References** (continued)

**2.**            Company Name Account #

---

Address

(Street) (City) (State) (Zip Code)

Phone Fax

---

Contact Person Email

---

**3.**            Company Name Account #

---

Address

(Street) (City) (State) (Zip Code)

Phone Fax

---

Contact Person Email

---

**Names of Company Principals**

Name Title

---

Home Address Phone

---

Email Social Security #

---

Name Title

---

Home Address Phone

---

Email Social Security #

---

By affixing their signatures below, the undersigned (of if a corporation, the corporate authorized officers / agents agree 1.) that the information contained herewith is true and correct, 2.) to pay when due, all invoices from Spinal Technology Incorporated, 3.) that in the event of default of payment when due all costs of collection, including attorney's fees and court costs, shall be paid by the Applicant, 4.) to authorize Spinal Technology Incorporated to investigate any references herein listed or statement or any other data obtained from any person pertaining to the credit worthiness or financial responsibility of the applicant. By signing this document personal guarantee is part of this agreement.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Signature Title Date