

CREDIT APPLICATION



IMEB, INC (International Medical Equipment)
170 Vallecitos De Oro, San Marcos, CA 92069
Phone: 800-543-8496 Fax: 760-761-0859

Company Name _____ Trade Name _____

Address _____

City, State, Zip _____ Country _____

Phone _____ Fax _____ Website _____

Accounts Payable Contact _____ Phone _____ E-mail _____

Accounts Payable Address (if different)

Check one: Corporation Partnership Individual Fed ID # (SSN for Individual) _____

Corporate Officers or Owners (list home address for unincorporated business):

Type of Business _____ Date Started _____

Approximate Annual Sales \$ _____ Approximate Net Worth \$ _____

Applicable sales tax rate for your locality _____% County _____ (If exempt, provide exemption certificate)

Bank _____ Account Number _____

Bank Officer Name _____ Phone Number _____

Trade References (3 required from within our industry): Name / Address / Phone/Account Number

1. Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Account Number _____

2. Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Account Number _____

3. Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Account Number _____

Credit Terms and Conditions

For the purpose of establishing and maintaining credit, the statements and information provided in and with this application are full, true, and correct. Applicant authorizes IMEB, INC to make inquiry into, to request, and to receive any information concerning character, general reputation, financial or Credit status from creditors or financial institutions which IMEB, INC deems relevant for the granting and collection of the proposed indebtedness and The Applicant authorizes any creditor or financial institution to divulge such information. Applicant understands that IMEB, INC will rely on the Accuracy of any information set forth in and with this application and all information obtained in determining whether to extend credit. Applicant agrees to pay all charges within **30 days from invoice date**. Applicant understands and agrees that payment in accordance with agreed upon Terms is not contingent on Applicant's receipt of payment from any other party for goods or services provided by IMEB, INC. Applicant agrees to pay all costs of collection, including reasonable attorney fees, in the event Applicant fails to pay any charges when due. IMEB, INC reserves the right to not extend credit to the Applicant or to withdraw credit at any time at IMEB, INC's sole discretion. Applicant wishes to apply for credit with IMEB, INC in accordance with these terms and conditions which have been read, understood and accepted. The undersigned is an **officer or owner** of Applicant and is authorized to represent and bind Applicant with respect to these matters.

Print Name _____ Title _____

Signature _____ Date _____