



## CREDIT APPLICATION

### Billing Information

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Account Number (For office use only)

Date

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Customer Name

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Street Address

City

State

Zip

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Bill To Address

City

State

Zip

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Ship To Address

City

State

Zip

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### General Information

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Full Name of Owner or Owners (or an Authorized Office of Corporation)

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Home Address and Zip Code for Partnership or Individual

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Parent or Home Office/ Name

Address

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Buyer

Phone#

Fax #

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How Long in Business

## References

Bank \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Individual Contact Name & Phone Number \_\_\_\_\_

### Suppliers:

1. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone & Fax # \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone & Fax # \_\_\_\_\_

3. Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone & Fax # \_\_\_\_\_

**Applicant's Signature Attests Financial Responsibility, Ability and Willingness to Pay our Invoices in Accordance with the Following Terms:**

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Marble Medical, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name \_\_\_\_\_

By/Title \_\_\_\_\_

By/Title \_\_\_\_\_

As a further inducement for the extension of credit as herewith applied for, the undersigned personally and unconditionally guarantees full payment of all amounts owed Marble Medical, Inc.

\_\_\_\_\_  
Guarantor