

CREDIT APPLICATION

T 800.728.7950 586.294.7950 | F 800.294.0067 586.294.0067 | E ar@college-park.com



COMPANY INFORMATION

ALL NECESSARY INFORMATION MUST BE INCLUDED WITH THIS FORM. INCOMPLETE FORMS WILL NOT BE APPROVED.

BUSINESS NAME		TYPE <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP/LLC <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OTHER	
FED TAX ID	EST(YR)	COMPANY OR OWNER(S) EVER BEEN BANKRUPT? <input type="checkbox"/> NO <input type="checkbox"/> YES, attach explanation	
BILLING ATTN		SHIPPING ATTN	
ADDRESS		ADDRESS	
CITY	STATE/PROV	CITY	STATE/PROV
ZIP/POST	COUNTRY	ZIP/POST	COUNTRY
PHONE	FAX	PHONE	FAX
EMAIL (BILLING)		LANDLORD	YRS AT LOCATION

OWNER INFORMATION

1. NAME	TITLE	SS#
2. NAME	TITLE	SS#
3. NAME	TITLE	SS#

CREDIT REFERENCES

PLEASE LIST SUPPLIERS IN THE PROSTHETIC/ORTHOTIC TRADE

1. NAME	PHONE/FAX	ACCT#
2. NAME	PHONE/FAX	ACCT#
3. NAME	PHONE/FAX	ACCT#

BANK INFORMATION

BANK NAME	ATTN
CITY	STATE/PROV
PHONE	ACCT#

CREDIT POLICY

AUTHORIZES PAYMENT (NAME)

SIGNATURE

REQUESTED CREDIT AMOUNT: \$

PAYMENT TERMS: Due Net 30 from date of invoice with approved credit. Prepayment with check, C.O.D., or credit card is allowed without approved credit. Credit increases must be approved by credit department. In the event any third parties are employed to collect any outstanding monies owed by said business the above authorized person agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred.

INVOICING: The original invoice will be mailed separate from the order.

PAYMENTS: Please mail check to the mailing address indicated on your invoices. A \$30.00 service charge will be assessed for any returned check. Note: Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and your line of credit removed.

CREDIT DEPARTMENT: The Credit Department is willing to work with you if a problem should arise. Communication with us is vital to avoid misunderstandings which could impair your credit. Any credit questions may be addressed to the Credit Department.

College Park Industries, Inc., 27955 College Park Dr., Warren, MI 48088 USA
Liberating Technologies, Inc., 325 Hopping Brook Rd., Holliston, MA 01746 USA

PERSONAL GUARANTEE

As an authorized officer, partner or sole proprietor of this company, I certify that the information supplied on the application is correct. The undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to College Park Industries, Inc. or Liberating Technologies, Inc. by the business identified below. As part of applying for credit, I grant College Park Industries, Inc. or Liberating Technologies, Inc. permission to contact consumer credit reporting agencies, commercial credit reporting agencies, bank and trade references as necessary.

AUTHORIZED PAYMENT GUARANTEE (NAME)

SIGNATURE	SS#
ADDRESS	
HOME PHONE	CELL

BUSINESS NAME TO GUARANTEE:

CREDIT DEPARTMENT USE ONLY

CREDIT LINE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	AMT \$
COMMENTS		