



# BUSINESS CREDIT APPLICATION

## Company Information

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Type of Ownership:     Corporation                       Partnership                       Sole proprietor  
                                   Government                       Non-Profit

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Federal ID Number: \_\_\_\_\_ D&B Number: \_\_\_\_\_

(Please note: We must have either your Federal I.D. number on file or a social security number of the owner in order to proceed with setting up your account.)

## Personal Information

Owner, Partner or Principal Officer: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Residence Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_

## Trade References

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

## Bank References

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Bank Officer: \_\_\_\_\_  
 Checking Acc.# \_\_\_\_\_ Savings Acct.# \_\_\_\_\_

**Credit Applications should be complete and signed by an authorized person, without any alterations, to enhance the timeliness of credit decisions.**

**Credit Terms** – All invoices from INEX Surgical INC. are payable within 30 Days of Receipt. A service charge on the balance due at the monthly rate of 1.5%, which is an Annual Percentage Rate of 18%, will be added on all bills after the first day of the month following billing. Any billing discrepancies must be reported within 30 days of invoicing. Credit cannot be extended to accounts over 30 days in arrears.

**Certification of Applicant** - I certify that I have read and understand the Credit Terms and the information provided in this Application is true and correct. We believe our company is financially able to meet any commitments we have made and intend to pay promptly in accordance with the credit terms indicated above. I authorize INEX Surgical, INC to make such inquiries as deemed necessary to investigate references and other sources pertaining to credit and financial responsibility of the Applicant and indemnify INEX Surgical, INC and its agents from any liability resulting from their credit research. After 30 days from the time payment becomes due, Applicant hereby agrees to pay interest on the balance due at the monthly rate of 1.5%, which is an Annual Percentage Rate of 18%. Applicant further agrees to pay all collection fees, court costs, and an attorney fee of 25% of any balance due if INEX Surgical, INC pursues collection through an attorney. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Illinois. Jurisdiction for litigation of any dispute arising out of or in connection with this Agreement shall be only in a court having jurisdiction located in Maricopa County, Illinois, and Applicant consents to such jurisdiction.

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Signature of Authorized Officer or Principal of Applicant

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Date

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Print name legibly Print title Date

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Print title

## **INEX Surgical INC.**

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[www.InexSurgical.com](http://www.InexSurgical.com)