ACCOUNT APPLICATION

PO Box 406
Alpharetta, GA 30009
Phone: 800.767.7776 x.117
Fax: 800.779.4935

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Bill to address:			
City:		State:	ZIP Code:
Ship to address:			
City:		State:	ZIP Code:
Date business commenced:		Years at Present Location:	Fed ID:

CONTACTS				
Primary Contact:				Credentials
Accounts Payable Contact:			Phone:	Email:
Type of Organization:	☐ Sole Proprietorship	☐ Partnership	☐ Corporation	☐ Publicly Traded
Has the company or principle ever been bankrupt?	☐ Yes ☐ No			

IF NOT PUBLICALY TRADED, IDENTIFY PRINCIPLE. **PRINCIPLE OWNERS OR OFFICERS:**	
Name:	Title:
Name:	Title:

TYPE OF ACCOUNT REQUESTED	
☐ 30 Day Open Terms *(Requires Credit Check)*	☐ Credit Card
☐ 30 Day Open Terms via Trade References	☐ $500 Account. *If larger limit is required, one of the other checks must be completed*

BUSINESS/TRADE REFERENCES – PLEASE LIST SUPPLIERS IN THE PODIATRIC TRADE			
Company name:			Acct #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			Acct #
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

CREDIT CARD INFORMATION			
Credit Card Number:	Type:	Exp. Date	Sec Code:
Card Holder Name & Billing Address			
City:	State:	Zip Code:	
Authorized Signature:	Date:	Process: ☐ every order ☐monthly	

AGREEMENT

Applicant agrees to credit terms of NET 30 DAYS from date of invoice. Past due invoices are subject to a finance charge of 1.5% per month. Applicant agrees that should it be necessary to employ a collection agency or attorney to collect monies due, applicant will be responsible for all reasonable costs of collection. As an inducement to grant credit, the undersigned authorizes and releases all businesses, banks, and persons identified on this application to furnish any and all information requested by SureFit or its representative, by telephone or written correspondence. The undersigned further warrants that the information provided is true and correct.

AUTHORIZATION FOR CREDIT CHECK

By signing this application, I authorize SureFit or its agent to check my personal credit and financial records including my bank records and business references. As part of such credit check, I authorize SureFit to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with SureFit. If I request, SureFit will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit-reporting agency that furnished the report

First Name:	Last Name:	SS#:
Present Address:		Home Phone:
City:	State:	Zip Code:

SIGNATURE	
Signature of Applicant	Date