

Credit Application

14515 Mackev Rd. Hollv. MI 48442 Submit completed form to orders@rankinbiomed.com

							Tax ID
Legal Company Name Legal Address (Main Office) Contact Name (We may call for questions regarding this application)		Website Address				Federal Tax ID	
		City Title			State Zip		
						Phone	
Billing/Statement Address (If different than r	main office)	City				State	Zip
Accounts Payable Contact	Accounts Payabl	counts Payable Phone Ad		ounts Payable Fax Acco		ounts Payable Email	
			\$		\$		
BA or Business Trade Name of Account		In Business Since		Initial Order			
DBA or Business Trade Name of Account Ownership Type: Proprietorship		Ir Limited Partnersh		Since	Initial Profession		Non-Profit Cor
			nip L				Non-Profit Cor
Proprietorship Type: Proprietorship Proprietorship rincipal Owner(s) or Stockholder(s)		Limited Partnersh	nip L		Profession		Non-Profit Con
Ownership Type: Proprietorship		Limited Partnersh	nip L		Profession	nal Corp	
Ownership Type: Proprietorship Principal Owner(s) or Stockholder(s) address of Principal Owner/Officer EFERENCES	Partnership	Limited Partnersh	nip L		Profession	State	
Proprietorship rincipal Owner(s) or Stockholder(s) ddress of Principal Owner/Officer EFERENCES rimary Bank/Financial Institution	Partnership	Limited Partnersh % Ownersh City	nip L	LC (C) Corp	Profession	State	Zip
Ownership Type: Proprietorship Principal Owner(s) or Stockholder(s) Address of Principal Owner/Officer	Partnership	Limited Partnersh % Ownersh City nt Number	nip L	LC (C) Corp	Profession	State Pho	Zip

I (We) hereby authorize you or any credit reporting agency engaged by you to investigate the references herein listed or to investigate my (our) personal credit and financial records including my (our) banking records. I (We) hereby certify that I (We) have read this form thoroughly and accept its conditions, and further state that all information supplied by me (us) is true in fact and intent.

1.)Terms are Net 30 unless otherwise indicated on the invoice.

2.) All past due accounts shall bear interest at the rate of 1.5% per month or 18% per annum.

3.) All short shipments must be reported immediately upon receipt of goods.

4.) Merchandise may only be returned with prior authorization from the seller.

5.) Title to the goods, and the proceeds thereof, shall remain with the Seller until such time as the account is fully paid.

6.) Cancellation: The Seller reserves the right to cancel this credit agreement at any time without prior notice to the Applicant.

7.) Credit Investigation: The Applicant and undersigned officer shall provide to the Seller such financial information as may be requested, and consents to the verification of all information contained herein (or further information which may subsequently be provided), including any personal information as may be deemed necessary. All credit references indicated are hereby authorized to provide any information regarding the Applicant and undersigned officer that may be requested by the Seller or its Agent.

8.) This agreement shall be governed by the laws of the State of Michigan and, in the event of default, jurisdiction shall be that of the seller.