



CREDIT APPLICATION

COMPANY PROFILE

Company Name _____ Doing Business As _____

Billing Address _____
(Street) (City) (State) (Zip code)

Phone () _____ Fax () _____ Person of Contact _____

Shipping Address _____
(Street) (City) (State) (Zip code)

Phone () _____ Fax () _____ Person of Contact _____

Ownership: Corporation _____ Partnership _____ Sole Owner _____ Federal Tax I.D. # _____

Type of Business _____ Date Firm Established _____ No. of Employees _____

Credit Line Desired _____ FED ACCOUNT # _____ UPS ACCOUNT # _____

IF SUBSIDIARY/DIVISION

Name of Parent Company _____ Does parent guarantee debts? _____ YES _____ NO

Corporate Address _____
(Street) (City) (State) (Zip code)

Phone () _____ Fax () _____

NAMES OF PRINCIPALS OF FIRM

Name Title Home Address () Home Phone Soc. Sec. No.

Name Title Home Address () Home Phone Soc. Sec. No.

Name Title Home Address () Home Phone Soc. Sec. No.

BANK REFERENCES

Checking: Name _____ Phone () _____ Fax () _____

Branch _____ Address _____ Account No. _____

Asset Pledged? ____ Yes ____ No With Whom? _____

Savings: Name _____ Phone () _____ Fax () _____

Branch _____ Address _____ Account No. _____

Asset Pledged? ____ Yes ____ No With Whom? _____

Loan: Name _____ Phone () _____ Fax () _____

Branch _____ Address _____ Account No. _____

Asset Pledged? ____ Yes ____ No With Whom? _____

TRADE REFERENCES

(1) Co. Name _____ Phone () _____ Fax () _____

Contact _____ Address _____ Account No. _____

(2) Co. Name _____ Phone () _____ Fax () _____

Contact _____ Address _____ Account No. _____

(3) Co. Name _____ Phone () _____ Fax () _____

Contact _____ Address _____ Account No. _____

By affixing their signatures below, the undersigned (of if a corporation, the corporate authorized officers/agents) agree 1.) that the information contained herewith is warranted to be true and correct, 2.) to pay when due, all invoices from Spinal Technology Incorporated, 3.) that in the event of default of payment when due all costs of collection, including attorney's fees and court costs, shall be paid by the Applicant, 4.) to authorize Spinal Technology Incorporated to investigate any references herein listed or statement or any other data obtained from any person pertaining to the credit worthiness or financial responsibility of the applicant. By signing this document personal guarantee is part of this agreement.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Spinal Technology, Inc.

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