



# Credit Application

## Company Profile

Company Name

Address (Street) (City) (State) (Zip Code)

Phone Fax

Contact Person Email Mobile Phone

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

Type of Business Date Established No. of Employees

## How did you hear about Spinal Technology?

## Names of Company Principals

Name Title

Home Address Direct Phone

Email

Name Title

Home Address Direct Phone

Email

## Bank References

**Checking** Bank Name Account #

Address (Street) (City) (State) (Zip Code)

Phone Fax

Contact Person Email

**Savings** Bank Name Account #

Address (Street) (City) (State) (Zip Code)

Phone Fax

Contact Person Email



# Credit Application

## Trade References

<b>1.</b>	Company Name	Account #			
	Address				
	(Street)	(City)	(State)	(Zip Code)	
	Phone	Fax			
	Contact Person	Email			
<b>2.</b>	Company Name	Account #			
	Address				
	(Street)	(City)	(State)	(Zip Code)	
	Phone	Fax			
	Contact Person	Email			
<b>3.</b>	Company Name	Account #			
	Address				
	(Street)	(City)	(State)	(Zip Code)	
	Phone	Fax			
	Contact Person	Email			

## Names of Company Principals

Name	Title
Home Address	Phone
Email	Social Security #
Name	Title
Home Address	Phone
Email	Social Security #

By affixing their signatures below, the undersigned (of if a corporation, the corporate authorized officers / agents agree 1.) that the information contained herewith is true and correct, 2.) to pay when due, all invoices from Spinal Technology, LLC, 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, LLC 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