



Instructions for Confidential Credit Application:

Please fill out the form concisely & completely. Prior to listing trade references see the attached list of companies that will not give a reference and also remember to provide a valid fax number for the company or email address for your point of contact. Also be sure to include a copy of your tax-exempt certificate. **Any missing information will delay the application process.**

Date:	Telephone:
Company Name:	Fax:
Billing Address: <small>(Shipping address-page two)</small>	E-mail addresses/web site:
City:	Tax Number:
State/Zip Code:	D & B Rating:
Year business established: _____ Number of locations w/same name: _____	Form of business: _____ corporation "C" or "S" _____ Partnership _____ proprietorship
Accounts Payable Manager:	Credit issues contact:

Trade References

(Please do NOT list companies that do not provide references, see attached list.)

1.) Name:	2.) Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Fax/ email:	Fax/ email:
3.) Name:	4.) Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Fax/ email:	Fax/ email:



Bank References

Bank Name:	Telephone:
address:	Contact:
	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City/State/Zip:	<input type="checkbox"/> Loan <input type="checkbox"/> Line of credit

Notes:

Credit Line Requested: \$	If AMT requires, will applicant execute a letter of Credit with a bank guaranty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please Be Sure To Include A Copy Of Your Tax-Exempt Certificate

The information and statements contained herein and attached hereto are true and complete and are made for the purpose of requesting Applied Medical Technology (AMT) to establish a line of credit for the Applicant. The Applicant has authority to enter into this agreement, and any person signing it on Applicant's behalf has been duly authorized to execute this agreement for Applicant.

AMT is hereby authorized to obtain any information they may consider necessary from any source and Applicant hereby authorizes the financial institutions and companies listed above to release all necessary information to AMT. In consideration of, and in order to induce AMT to establish a line of credit, **Applicant promises to pay for all purchases in accordance with AMT's terms and conditions of sale as disclosed upon AMT invoices, Net 30 days.** This agreement may only be modified by writing, executed by an officer of AMT.

Applicant agrees that it shall pay all of the invoice price according to the terms and failure to pay shall entitle AMT to charge Applicant interest at the rate of one and one half percent per month, eighteen (18) percent per annum. Should Applicant default in the payment of its account, AMT shall be entitled to incur expenses for the costs of collection, including but not limited to attorney's fees and collection agency fees, which amount shall be added to unpaid balance of Applicant's account and shall be due and owing from Applicant to AMT.

This agreement shall be governed by and construed in accordance with the laws of the State of Ohio and all disputes shall be subject to jurisdiction in Cuyahoga County, Ohio. In the event that any of the provisions of this agreement shall be held by a court of competent jurisdiction to be unenforceable, the remaining provisions of this agreement shall remain in full force and effect.

The provisions of above are hereby made applicable to, shall inure to the benefit of, and shall be binding on the Applicant and Applicant's heirs, executors, successors, and assigns. Credit application must be signed by an officer of the Applicant in order to be processed.



Instructions for Confidential Credit Application

www.AppliedMedical.net

P: 800 869 7382

F: 440 717 4200

CS@AppliedMedical.net

Date:	
Notes:	
Signature:	Title:
Print Name:	

Shipping Address:	Contact:
City:	Telephone:
State/Zip:	Fax:

For AMT Office Use Only

Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Limit:	Approved By:
Additional Comments:	
<p>AMT - Applied Medical Technology, Inc. 8006 Katherine Blvd. Brecksville, Ohio 44141 www.AppliedMedical.net</p> <p style="text-align: right;">Phone 1.440.717.4000 Fax 1.440.717.4200</p>	
Notes:	





List Of Companies Who DO NOT Give Credit References

Current as of Tuesday, March 14, 2017

Abbot Laboratories, Inc.	Edgepark - Assuramed	Office Depot & Office Max
Abbott Nutrition	Fisher Healthcare	Phillips - Respironics
Airgas Gas Pro	GE Healthcare aka Devilbliss	Pride Mobility Products
Amerisource Bergen	Healthcare	Resmed Corporation
Aon of Tennessee	Guy Brown Products LLC	Roche
Braun Medical	Halyard (Kimberly-Clark)	Ross Products (branch of Ab-
Baxter Healthcare	Hill Rom	bott Nutrition)
Boston Scientific	Hospira Worldwide	Ryder Transportation
Breg, Inc.	Independence Medical	St. Jude
BSN Jobst	Invacare Supply Group	Salter Labs
Cardinal Health	Kimberly-Clark (Halyard)	Siemens
Central Distribution	Lake Court Medical Supplies	Sprint
Covidien	McKesson	Standard Register
Cubist Pharmaceuticals	Medi USA, LP	Stericycle
Dedicated Distribution, KS	Medical Specialties Dist.	Sunrise Medical
Depuy Synthes	Medline Industries	Zimmer Us
Devilbliss Healthcare aka GE	Medtronic	
Healthcare	Nestle USA	

