

# Fagron, Inc. Credit Application & Payment Authorization

Please print and complete the following application and fax to 800-339-1596 or email to [ar@fagron.us](mailto:ar@fagron.us)

**Section A:** Application for Net 30 Terms All fields are required\* - If you would prefer to keep a credit card on file to be charged contemporaneously with the shipment of goods, please skip to "Section B: Payment options" and fill out the Credit Card details. By doing so the undersigned authorizes Fagron, Inc. to charge the credit card provided for any orders filled for Customer and represents and warrants that they are authorized to provide and use the credit card consistent with this agreement.

Name of Business:	DBA:
Requested Credit Limit:	FEIN:
Shipping Address:	Phone:
City, State, and ZIP:	Fax:
Purchaser Contact:	Email:
Billing Address:	Phone:
City, State, and ZIP:	Fax:
Accounts Payable Contact:	Email:
Names of Owner(s) or Equivalent:	Type of Business:

**Bank Reference:**

Bank Name:	Phone:
Bank Address:	Email:
Account Number:	Person to Contact:

**Credit References:**

Vendor Name:	Phone:
Address:	FAX:
Person to Contact:	Email:
Vendor Name:	Phone:
Address:	FAX:
Person to Contact:	Email:
Vendor Name:	Phone:
Address:	FAX:
Person to Contact:	Email:

In consideration for the extension of credit, Customer authorizes and releases all banks and companies listed on this application to furnish information, and authorizes the checking of credit with credit reporting agencies including D&B, Experian, Equifax, and TransUnion. The undersigned represents and warrants that it is authorized to enter into this Credit Application on behalf of Customer and bind Customer to the terms of this Credit Application. Terms of approved accounts are Net 30 Days. Customer agrees that in the event an invoice remains unpaid after Fagron's standard 30 day payment terms, Fagron may charge the bank account or the credit card listed below for the full amount of the invoice on the first business day after the 30th day the amount was originally invoiced. Customer must designate whether it wishes to make payment via ACH or credit card. Customer agrees that the sales terms located at <https://www.fagron.us/terms-and-conditions> shall apply to all transactions with Fagron. The undersigned acknowledges that such terms are reasonable and are subject to change without notice. Customer or its representative shall provide Fagron with 60 day advanced written notice of its intention to sell all or the majority of its assets.

<b>Credit Authorizer Name and Position (Printed):</b>		
<b>Credit Authorizer Signature:</b>		<b>Date:</b>

**Section B:** Payment Options – Please select a method of payment below and fill out the corresponding fields.

<input type="checkbox"/> ACH	<input type="checkbox"/> Credit Card
Account Holder Name:	Credit Card Number:
Bank Account Number:	Type:
Routing Number:	Expiration Date:
	CVV:

<b>Payment Authorizer Name and Position (Printed):</b>		
<b>Payment Authorizer Signature:</b>		<b>Date:</b>

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