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**TITLE:** Letco Medical Credit Application

Acct # \_\_\_\_\_ / Sales Rep. \_\_\_\_\_

**Legal Name of Business:** \_\_\_\_\_ **d/b/a** \_\_\_\_\_

Ship to Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Should we charge sales tax?  Yes  No (If No, give Tax I.D. Number & attach copy of Sales Tax Certificate) Tax I.D.: \_\_\_\_\_

Accounts Payable Manager \_\_\_\_\_ Buyer's Name \_\_\_\_\_

**Payment Options:**  Check  Credit Card at time of sale  ACH Draft on due date **Have You Ever Filed for Bankruptcy?**  Yes  No

**Send My Statements Via:**  I will obtain online /  E-Mail /  Fax \_\_\_\_\_

**Send My Invoices Via:**  I will obtain online /  E-Mail /  Fax \_\_\_\_\_

**Ownership:**  Sole Proprietor  Partnership  Corporation  LLC; Years in Business: \_\_\_\_\_ **DUNS #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Owner:** Name \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Previous Account:**  No  Yes If Yes, Account # \_\_\_\_\_

**Bank Reference:** Name of Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Banker: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Account #: \_\_\_\_\_

Trade References:	NAME	ADDRESS/CITY/STATE/ZIP	ACCT #	TELEPHONE #
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

The undersigned agrees to pay service charges of 1.5% per month or the highest lawful rate, whichever is lower on any past due balance, and all actual attorney fees and costs of collection;

I, \_\_\_\_\_ personally guarantee all payments of existing and future obligations and

**(Print Name)**

unconditionally waive the right to any amount paid pursuant to this provision. The undersigned also agrees to jurisdiction and venue in Michigan. The above statements are made for purposes of procuring credit from Letco Medical, LLC and its divisions and affiliates ("company"). The undersigned hereby consents to the confirmation by company, and it's divisions of the information contained herein and authorizes company to contact the undersigned's bank and suppliers listed herein and obtain any necessary credit reports.

Terms of sale have been fully explained and I understand that if an account is established, my credit line is subject to periodic review. Also shipments may be held if my account is delinquent or exceeds my established line of credit. The undersigned further represents that its professional licenses are in good standing and not the subject of any proceedings by any governmental agency and agrees to notify the seller immediately upon the commencement of any such proceedings. The undersigned authorizes company to take appropriate measures in verifying the credit of the undersigned and releases company from any obligation while researching this information. Customer and Guarantor agree to provide company with 60 days notice of its intention to sell all of its assets. Special contract pricing is subject to verification of entitlement at any time after the sale and customer agrees to refund in the event there is no entitlement.

**Signature of Guarantor:** \_\_\_\_\_

\_\_\_\_\_ **Date**

**Print Name:** \_\_\_\_\_

Calls to and from Letco Medical, its divisions and affiliates, may be monitored for quality assurance purposes. Letco Medical, L.L.C., its divisions and affiliates, may from time to time, provide promotional information via phone, fax or e-mail to its customers. You may request to be removed from any of these channels by calling 1-734-843-4607, by sending a fax to 734-843-7607 or you may send an e-mail to [opt-out@letcomed.com](mailto:opt-out@letcomed.com)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.