



Armor Healthcare LLC

1031 Second Street
Hudson, WI 54016
Telephone: (715) 381-9868
Facsimile: (715) 381-9868

Credit Application

Please fill out this form completely and fax it back to Robert Simmons @ (715)381-9868:

Company Name: _____

Legal Name of Corporation (if different): _____

Billing Address: _____

Street

City

State

Telephone #.: _____

Fax #: _____

Type of Business: _____ **Year Established:** _____

Corporation

Individual Business

Partnership

Business is Incorporated under the State Law of: _____

Expected Monthly Credit Requirements: \$ _____

The Principal Owners or Stockholders are:

Name

Address

Telephone No.

Bank Reference:

Bank Name: _____

Address: _____

Street

City

State

Telephone #.: _____

Fax #: _____

Account #: _____

Contact: _____

Trade References:

Vendor #1:

Address:

Street

City

State

Telephone #.:

Fax #:

Account #:

Contact:

Vendor #2:

Address:

Street

City

State

Telephone #.:

Fax #:

Account #:

Contact:

Vendor #3:

Address:

Street

City

State

Telephone #:

Fax #:

Account #:

Contact:

Vendor #4:

Address:

Street

City

State

Telephone #:

Fax #:

Account #:

Contact:

Please supply a copy of your company/organization's Retail Certificate for our files along with this Credit Application. If one is being filed please supply copies of the paperwork for Armor until the Retail Certificate is received and a copy can be forwarded.

I/We certify the foregoing information to be true and correct. I/We have been advised of terms of sale and understand that a service charge of one and one half percent (1 1/2%) can be made on any invoice(s) over thirty (30) days due. A maximum of eighteen percent (18%) annually. I/We further agree to pay reasonable attorney's fees and the cost in the event of suit to effect collections of moneys due. I/We waive objections to inquiries by Armor Healthcare LLC of references supplied by this application.

Authorized Signature

Title

Sales Representative and Organization