



11333 GREENSTONE AVENUE, SANTA FE SPRINGS, CA 90670
 TEL: (323) 582-9900 TOLL FREE: (877) TWIN-MED

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION	
Company name:	_____
Contact Person	_____
Phone:	_____ Fax: _____ E-mail: _____
Registered company address:	_____
City:	_____ State: _____ ZIP Code: _____
Date business commenced:	_____ Number of Employees _____
Corporation <input type="checkbox"/>	State of Incorporation _____ Federal Tax ID _____
Three Chief Officers:	
Name	_____ Title _____
Address	_____
Name	_____ Title _____
Address	_____
Name	_____ Title _____
Address	_____
Name of Resident Agent	_____
Address of Resident Agent	_____
Partnership <input type="checkbox"/>	Names, addresses and Social Security Numbers of the partners
Name	_____ Social Security _____
Address	_____
Name	_____ Social Security _____
Address	_____
Name	_____ Social Security _____
Address	_____
Sole Proprietorship <input type="checkbox"/>	Names, addresses and Social Security Numbers of the partners
Name	_____ Social Security _____
Address	_____
Name	_____ Social Security _____
Address	_____
Name	_____ Social Security _____
Address	_____
Are you sales tax exempt? Yes <input type="checkbox"/> No <input type="checkbox"/>	Resale # _____
Have you ever had credit with TwinMed, LLC before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, under what name?	_____
Purchase order required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

BUSINESS AND CREDIT INFORMATION

Bank name: _____ Contact Person _____
 Bank address: _____ Phone: _____
 City: _____ State: _____ ZIP Code: _____
 Type of account Savings Checking Other Account # _____

BUSINESS/TRADE REFERENCES

Company name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-mail: _____
 Type of account: _____

Company name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-mail: _____
 Type of account: _____

Company name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-mail: _____
 Type of account: _____

AGREEMENT

I represent that the above information is true and is given to induce TwinMed, LLC to extend credit to the applicant. My company and I authorize TwinMed, LLC to make such credit investigation as it sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to TwinMed, LLC any and all information concerning the financial and credit history of my company and myself.

I understand and agree that any disputes or conflicts between myself (and/or my business and/or my corporation) and TwinMed, LLC arising out of or relating to any transaction between the aforementioned parties shall be adjudicated under California law. Furthermore, any and all disputes or conflicts between myself (and/or my business and/or my corporation) and TwinMed, LLC shall be adjudicated in the appropriate California Superior Court, to whose jurisdiction I hereby submit to, unless all parties stipulate otherwise in writing.

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Statements are sent on the tenth day of each month.
2. All bills become payable in full according to terms and if not paid according to terms are considered past due.
3. A service charge of 1.5% per month will be added to all amounts bills if not paid according to terms.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation. Then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

SIGNATURES

Authorized Signature _____ Title: _____

Print Name _____ Date: _____

PLEASE FAX THESE 2 PAGES TO (562) 906-0300