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Credit Application

Legal Business Name: _____ Date: ____/____/____

Billing Address: _____ Phone Number: _____

_____ Fax Number: _____

Federal Tax ID/SSN: _____ Years in Business: _____

Owners/Officers

Name: _____ Title: _____ Phone Number: _____

Address: _____

Person to contact regarding invoices and payment: _____

Phone Number: _____ Email Address: _____

Email Address To Send All Invoices To: _____

Trade References (Please List Three)

Company Name: _____ Contact: _____

Company Address: _____

Account Number: _____ Phone Number: _____

Company Name: _____ Contact: _____

Company Address: _____

Account Number: _____ Phone Number: _____

Company Name: _____ Contact: _____

Company Address: _____

Account Number: _____ Phone Number: _____

Bank Information

Bank Name: _____ Contact: _____

Address: _____ Phone Number: _____

By signing below, I hereby certify that I am an authorized agent for my company. My company is applying for credit with Pro-Tech Orthopedics. I hereby authorize Pro-Tech Orthopedics and it's agents to use the above information to determine my company and my credit worthiness. I further authorize any party to whom this is presented to release information concerning my company and my credit worthiness. I hereby certify that this information is correct to my knowledge. I realize that initial orders may be shipped C.O.D. pending credit approval. I understand and agree on my behalf and company's behalf to pay finance charges of 1.5% per month on any balance that is past due. I and my company agree to abide by the terms and conditions of this application and I or my company will pay all legal fees associated with collection should this account become delinquent. I further understand and agree that any disputes between parties regarding invoice, charges, account balances, or any other matter will be litigated and resolved in a District Court or Superior Court, in the County of Bristol, in the State of Massachusetts, and pursuant to the laws of the State of Massachusetts. I further agree that in the event my company fails to pay pursuant to the terms and conditions set forth above, I personally, unconditionally guarantee to Pro-Tech Orthopedics. The full and prompt payment when due of the principle and interest and all other sums payable to the company under this Credit Agreement. I further waive any notice of presentment, demand, protest or notice of dishonor, nonpayment, or other defaults with the respect to the obligations set forth above.

Signature of Authorized Agent Personally and For The Company Above

X _____ Date: _____

Printed Name: _____ Title: _____