

**CREDIT APPLICATION**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to remit all payments for goods and services pursuant to Fagron's Terms and Conditions. I am an authorized employee of the company.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Business Type:      Sole Proprietorship      Partnership      Corporation      LLC      Other

D & B Number: \_\_\_\_\_

Thank you for choosing Fagron Sterile US. We are pleased to add you to our client list. In order to process your request for services without delay, we would like to set up your credit file. Please fill out the information as requested and you may return this form to your account representative.

**TRADE REFERENCE:**

1. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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2. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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3. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account No.: \_\_\_\_\_