



# New Customer Credit Application

**Same-Day Credit Processing when you place an order!**



Name of Firm. Type of Entity (e.g. Corp., Partnership, Sole Proprietorship, L.L.C) Telephone Number Fax Number

Address Mailing Address (if different) City State Zip Code DUNS#

Principal Officer, Title Principal Contact, Title Years in business

General Manager's Name and E-mail Address Purchasing Agent's Name and E-mail Address

**SHIP-TO ADDRESS** If applicable, please list a different address your company will ship to on a regular basis. If more than one, list on a separate piece of paper to submit along with this form.

Company Name \_\_\_\_\_ Should this location receive a Catalog/Wholesale Price List? (YES) (NO)

Contact Name/Title \_\_\_\_\_ Address \_\_\_\_\_

Acct. # \_\_\_\_\_ Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**TAX EXEMPT STATUS** In order to comply with tax regulations, we must have in our files a copy of your letter exemption for the state in which you are exempt. All product purchased from LSI International/Medical Outfitters will be considered tax exempt unless otherwise indicated in the event any property purchased as exempt under this certificate is used for other than an exempt purpose, it will be the Purchaser's responsibility to report and pay any tax due. This certificate shall remain in effect until revoked in writing by the Purchaser.

Sales Tax Exempt Number \_\_\_\_\_ State \_\_\_\_\_

The tangible personal property purchased from LSI International/Medical Outfitters is exempt for the following reason(s): \_\_\_\_\_

**SELECT PAYMENT OPTIONS** Please select preferred method of payment:

Open Account terms (see CONDITIONS below)  COD  Electronic Transfer  Pre-pay by check

Charge Credit Card at time of shipment:  VISA  MasterCard  Am Ex  Discover

Card number \_\_\_\_\_ Exp \_\_\_\_\_ Security Code \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

**CONDITIONS** LSI International/Medical Outfitters open account terms are net 30 days.

For the consideration of the extension of credit, customer promises to pay to the order of LSI International/Medical Outfitters (or its Successor) at the address shown on each invoice received by customer from LSI International/Medical Outfitters, all charges to the account when due.

**Credit card payments are not accepted for Open Account balances.** In the event said account becomes past due five (5) days or more, any balance when due shall bear an interest rate of 18.000% per annum. In the event any account remains unpaid and is placed for collection, customer agrees to pay all reasonable court costs, attorney fees and other expenses paid or incurred to collect the payment due. In some cases, a personal guarantee may be required.

*The undersigned authorizes the release of credit information to LSI International/Medical Outfitters.*

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required**

Please print name \_\_\_\_\_

**PERSONAL GUARANTEE** In consideration of this extension of credit to customer, I/We unconditionally guarantee payment and performance of all customer's obligations under this agreement, including but not limited to payment to LSI International/Medical Outfitters of any and all sums due LSI International/Medical Outfitters by customer as set forth above from the date of this Guaranty until date upon which the balance due is paid in full.

Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

## Get your information fast!

Make your choice to receive invoices, statements, recalls and other important information by e-mail, fax, or mail.

**Please indicate your preferred method:**

**E-mail:** (Please provide e-mail)

\_\_\_\_\_

**Fax** \_\_\_\_\_

**Conventional Mail to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FAX FORM TO: (913) 981-0267

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