

710 Catawba Street, Suite A * BELMONT, NC 28012 * Tel. 877-353-8899 * Fax 704-893-8777

CREDIT APPLICATION

Company Nam	e:				
Corporation	Partnership	Trust	_ Proprietorship	_	
Tax ID No		Webs	site		
Credit Card				Exp. Date	
Billing Email Ac	ddress:				
City		State	eZip		
Shipping/Physical Address:					
City		State	Zip		
Shipping Confi	rmation Email:				
Bank Inform	ation:				
Bank Name		Account No			
Contact		Email			
Address					
City			State	Zip	
Phone					

Supplier / Commercial References List ALL 4 (must be active)

1. Company Name	Contact
Fax	Email
2. Company Name	Contact
Fax	Email
3. Company Name	Contact
Fax	Email
4. Company Name	Contact
Fax	Email
In applying for credit with Federal Brace you otherwise authorize any person or busines that person or business makes, even if you these transactions causes your credit limit within 60 days of invoice date. Any failure to your default does not mean that Federa are in default as described above, we can	e please sign in the appropriate area and return to Federal Brace. If your credit application must be accompanied by a Manufacturer's Certificate. u agree that: If you permit any persons or business to use your account, or to obtain credit on your account, you will be liable for any and all transactions did not intend to be liable for such transactions, and even if the amount of to be exceeded. Your account will be in default if payment is not received at any particular time of Federal Brace to exercise any of its rights with respect Brace is waiving any such future rights with respect to later defaults. If you equire you to pay all the amounts due, and, unless prohibited by applicable diall cost we incur in any collection proceeding, including, without limitation,
Signature	
Print Name	
Title	Date
Contact	