



The Service You Deserve.

CREDIT APPLICATION & PERSONAL GUARANTEE

INSTRUCTIONS: Please email application to customerservice@pelservice.com or send fax to 800-222-6176.

phone 800-321-1264

Date: _____

Company Name _____

Bill To Address _____

Bill To Email _____ Business Phone _____ Business Fax _____

Business Structure: Corporation _____ Partnership _____ Individual Business _____ Other _____

Type of Business:

Clinical Provider: O&P Practice _____ HME Provider _____ Podiatrist _____ Physician _____ Therapist _____ Other _____

Care Facility: Acute Care _____ SNF _____ Clinic _____ Other _____

Government: VA _____ Corrections _____ Military _____

University: Clinical Practice _____ Teaching _____

Product Company: Central Fab _____ Manufacturer _____

Reseller: Distributor _____ Retailer _____

Other _____ If Other, explain _____

Tax Exempt Number: _____

PRINCIPALS OR OWNERS

1) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

Email _____

2) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

Email _____

3) Name _____ Home Address _____

Business Title _____ Home Phone _____ SS# _____

Email _____

BANK REFERENCES

Name _____ Account Number _____

Address _____

Name _____ Account Number _____

Address _____

TRADE REFERENCES

1) Supplier Name: _____ Phone #: _____ Fax #: _____

2) Supplier Name: _____ Phone #: _____ Fax #: _____

3) Supplier Name: _____ Phone #: _____ Fax #: _____

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to 1 1/2% per month service charge. We further agree to pay 25% collection charge, in the event of default, if the account is placed with an attorney or bonded collection agency.

Signed _____ Position _____

Signed _____ Position _____

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signed _____ Witness _____ Date _____

Signed _____ Witness _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

INTERNAL USE ONLY

Class 2 _____ Credit Line _____ Approved By _____ Date _____