

CREDIT APPLICATION FORM



CPR SAVERS & FIRST AID SUPPLY LLC

7904 E. CHAPARRAL RD. STE A110-242

SCOTTSDALE, AZ 85250

PHONE: (480) 946-0971 * FAX: (480) 275-7002

TOLL FREE: (800) 480-1277 WEBSITE: WWW.CPR-SAVERS.COM

COMPANY INFORMATION:

TRADE NAME: _____ DBA: _____

ADDRESS: _____

PHONE: _____ FAX: _____

WEBSITE: _____ EMAIL: _____

OWNER: _____

ACCOUNTS PAYABLE CONTACT: _____

TAX ID # _____

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ LLC

NUMBER OF YEARS IN BUSINESS: _____

BANK REFERENCES:

BANK NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

BANK NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

TRADE REFERENCES:

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

PAYMENT INFORMATION:

PAYMENT IS DUE 30 DAYS AFTER THE MERCHANDISE HAS BEEN RECEIVED. IF THE INVOICE IS PAST DUE FOR MORE THAN **45** DAYS, CPR SAVERS & FIRST AID SUPPLY LLC WILL CHARGE ANY UNPAID BALANCE OF THE COMPANY CREDIT CARD ON FILE.

IF THERE ARE TWO OR MORE OPEN INVOICES AND THEY **ARE ALL PAST DUE**, CPR SAVERS & FIRST AID SUPPLY LLC WILL CHARGE ANY UNPAID BALANCE OF ALL THE INVOICES REGARDLESS IF SOME OF THEM ARE NOT OVER THE 45 DAYS PERIOD MENTIONED BEFORE.

****IF NO PAYMENT HAS BEEN RECEIVED ACCORDING TO TERM CONDITIONS A 1.0% FINANCE FEE WILL BE APPLIED TO THE INVOICE; IF THE FINANCE FEE IS NOT PAID IT WILL TRANSPOSE TO THE NEXT INVOICE.**

NAME ON THE CARD	C. CARD NUMBER	EXPIRATION DATE	BILLING ADDRESS

• Note: Company credit card information is a required field. A lack of credit card information might result in lower credit limits or no credit at all.

APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF DEFAULT IN PAYMENTS IN COMPLIANCE WITH OUR TERMS. APPLICANT'S SIGNATURE CERTIFIES THAT ALL INFORMATION IS CORRECT AND ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.

• PAYMENT IS DUE 30 DAYS AFTER RECEIPT OF MERCHANDISE •

SIGNATURE: _____ **TITLE:** _____

NAME: _____ **DATE:** ____/____/____