

Credit Application

General Information:

Business Name _____	Credit Terms Requested	<input type="checkbox"/> Net 15	<input type="checkbox"/> Net 30	
DBA _____	Credit Limit Requested	\$ _____		
Address _____	Business Website	_____		
_____	Business Phone	_____		
_____	Business Fax	_____		
Billing Address _____	Tax ID (or SS#)	_____		
_____	A/P Contact	_____		
#Yrs in Bus. _____	Phone/Email:	_____		

Corporation
 Partnership
 Sole Proprietor
 S-Corporation
 LLC or LLP
 Other

Names of Owners, Partners, or Officers:

Bank Reference:

Bank Name _____	Branch _____
Address _____	Phone _____
_____	Fax _____
Loan Officer _____	Credit Line _____
<input type="checkbox"/> Checking Acct _____	<input type="checkbox"/> Loan Acct No _____

Trade References:

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Account No _____	Account No _____

Purchase Orders: Fax to [678-680-5818](tel:678-680-5818) or Email to customerservice@protherapysupplies.com
Authorization:

Pro Therapy Supplies is hereby authorized to obtain any information necessary to establish credit worthiness from any source listed on this credit application and we release any source from all liability for such information provided. The information provided will be used solely for the purpose of establishing credit for purchasing products from Pro Therapy Supplies.

 Printed Name of Applicant

 Title

 Signature

 Date