**CUSTOMER CREDIT APPLICATION FORM & AGREEMENT**

## Business Information:

### Company Name:

Billing Address:

City

State

Zip

Phone: - -

Fax: - -

Federal Tax ID: -

Fla. Sales Tax Resale # \* Yrs in Business: Nature of Business:

*\*(Annual Certificate Must Accompany Application)*

#### Date Business Started: / /

Nature of Business:

Type of Entity: Corporation

*(Please Check One)*

Partnership

Sole Proprietorship

Other

Purchase Orders Required? \_Y\_/\_N\_ Purchasing Manager:

*(Please Circle One)*

**Bank Information**

1. Bank Name: Account #: Phone: - -

Address City ST Zip Contact:

**Credit References**

1. Business Name: Phone: - -

Contact Name: Fax: - -

1. Business Name: Phone: - -

Contact Name: Fax: - -

**Owner/Officers:** Title SS# - -

### Home Address: City

State

Zip

Home Phone: - -

Drivers License # /

(State)

**Open Account Terms and Conditions**

***Any and all information is held in the strictest confidence.***

### Bank Name: Phone#: - -

Account #: Contact:

Terms: Invoices are payable within 30 days of invoice date. Proof of delivery must be requested within 21 days of invoice date on all normal delivery, express delivery must be requested within 10 days of invoice date. A finance charge of 1.5% per month will be assessed on all balances outstanding past terms. Returned merchandise will be refunded the full amount for unopened boxes within a period of 14 days.

The undersigned assures that the information contained above is true and correct; and furthermore, herby authorizes the release of information from the listed credit references and banking institution to MedGluv Inc. In consideration of MedGluv Inc. extending credit to the above applicant the undersigned personally guarantees the payment of any and all future obligations which may be owed to MedGluv Inc. as well as interest and reasonable Attorney fees. Venue and jurisdiction for all actions necessary to enforce this agreement shall be held in Broward County, Florida.

BY COMPLETING AND RETURNING THIS APPLICATION TO MEDGLUV INC. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY MEDGLUV OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT

####  / /

**SIGNATURE PRINT NAME TITLE DATE**

#### Sales Rep

Credit Limit

(*For Official Use Only)*

#### Account No.

Date:

D & B Rating Approved by