



4813 Pacific Hwy E  
 Fife, Washington 98404  
 Tel: 253-883-5040

# Credit Application

## BUSINESS INFORMATION

Business Name		Date Business Commenced	
DBA (if applicable)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Fax Number			
Billing Street Address			
City, State, Zip Code			
A/P Contact Name		Number of Employees	
A/P Contact Phone		Tax ID Number	
A/P Contact E-mail		Tax Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CREDIT INFORMATION

Owner Name		Bank Name	
Phone Number		Bank Street Address	
Street Address		City, State, Zip Code	
City, State, Zip Code		Bank Phone Number	
Company Officers		Bank Account number	
Officer Titles		Type of Bank Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

## BANK & TRADE REFERENCES

Company Name		Phone	
Address		Fax	
City, State, Zip Code		E-mail	
Type of Account		Other	
Company Name		Phone	
Address		Fax	
City, State, Zip Code		E-mail	
Type of Account		Other	
Company Name		Phone	
Address		Fax	
City, State, Zip Code		E-mail	
Type of Account		Other	

## AGREEMENT

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity Division, Washington, D.C. 20580. Applicant agrees that this request is for the extension of credit for business purposes only and is not intended for the extension of credit for personal, family, or household purposes.

By submitting this application and agreement, including any financial statements and additional information, the entity identified above ("Customer") is applying to BPI Medical (collectively, "Vendor") to obtain trade credit. By the signature below, the Undersigned represents that Customer is a valid business entity and that the Undersigned is an authorized representative of Customer with authority to enter into contractual



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agreements. Customer agrees to notify the Vendor in writing of any change in ownership, the name, or the business structure under which credit is established. The Undersigned agrees to the credit policies established from time to time by Vendor and further agrees that all sales of Vendor products to Customer shall be governed by Vendor's terms and conditions of sale as stated on each Vendor sales transaction document, posted on the Vendor's website, or as otherwise communicated to Customer. Items intended for resale require a valid reseller's certificate on file for the following states: Washington, Arizona, and Idaho. Customer agrees to make payment in full to Vendor for all amounts due according to Vendor's invoice on or before the net due date. Customer agrees that claims arising from invoices must be made within seven working days from date of receipt of invoice. The undersigned acknowledges that if Customer should default in any payment(s), Vendor reserves the right to declare all invoice amounts due and payable without notice to Customer. A service charge of 18% per annum, or the highest legal rate, whichever is less may be assessed on delinquent invoices.

Customer further expressly agrees that it shall be liable and pay all attorneys' fees, collection costs and court fees, and any other expenses, whether or not incurred in connection with litigation, including but not limited to attorneys' fees and costs associated with the enforcement of any of the terms of this Application and attorneys' fees and costs resulting from a default under this Application. Customer agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with a competent jurisdiction chosen at the discretion of BPI Medical and that Customer expressly waives its venue rights without reference to conflicts of law principles. This agreement is not transferable or assignable without prior written consent of Vendor.

On behalf of Customer, the undersigned certifies that all information provided in connection with this application is, and that all information subsequently provided to Vendor in connection with this application or the credit extended to Customer by Vendor shall be, true and correct in all material respects and the undersigned acknowledges that Vendor will be relying on such information with respect to making decisions regarding Customer's terms and credit.

The undersigned hereby consents to Vendor obtaining information about the Customer and the undersigned personally from credit reporting agencies and other sources Vendor deems appropriate in considering this application and subsequently for purposes of updates, renewals, or extensions of credit granted as a result of this application or in reviewing or collecting Customer's account. The undersigned acknowledges that Vendor reserves its right, at its sole discretion and without notice, to decline, change, or revoke the terms of credit provided to Customer, and cancel all available credit and refuse to make future advances

Authorized Signature – "The person executing this agreement has authority to bind the customer and is authorized by the customer to enter into the sales/credit application terms and conditions."

SIGNATURES			
Signature		Signature	
Name		Name	
Title		Title	
Date		Date	

Once signed and completed, this application may be faxed back to 253-883-5041 or emailed to [ar@bpimedical.com](mailto:ar@bpimedical.com)