



Desired monthly credit line:

Date:

*for requests greater than \$2,500 please complete the BUSINESS & BANK REFERENCE section

COMPANY CONTACT INFORMATION

Full Business Name:

Web site:

Street Address:

Address line 2:

City:

State:

Postal / Zip Code:

Phone:

Fax:

Contact Name (Billing):

E-mail (Billing):

Phone (Billing):

Fax (Billing):

Is billing address the same? Yes No, billing address below

Billing Address:

Address Line 2:

City:

State:

Postal / Zip Code:

BUSINESS INFORMATION

Type of Business

C-Corporation S-Corporation Partnership LLC Sole Proprietor Other

Federal Tax ID (FEIN) or Social Security Number (SSN):

*Sole Proprietors please enter your Social Security Number

Principal Owner #1 (first and last):

SSN:

Principal Owner #2 (first and last):

SSN:

Nature of Business:

Years in business:

LICENSING & CERTIFICATES

*Please fax or e-mail all items below that you have checked "Yes" to.

DEA License Yes, attached No

* If you intend to purchase Controlled Substances please include a copy of your current DEA license

Tax Exemption Certificate Yes, attached No

*If you are exempt from paying sales tax in your State please include a copy of your current State sales tax exemption certificate W-9 or Business License

Yes, W-9 attached Yes, Business License attached

*we require only one of these to be submitted and on file

BUSINESS & BANK REFERENCES

Business name (reference #1):

Phone:

Address (City & State):

Account#:

Business name (reference #2):

Phone:

Address (City & State):

Account#:

Bank name:

Account #:

Phone:

Bank Contact Name (first & last):

Bank Contact Email:

Bank Address:

Address Line 2:

City:

State:

Postal / Zip Code:

Checking Acct#:

Savings Acct#:

Revolving Credit Line Amount:

Revolving Credit Line Acct#:

TERMS AND CONDITIONS- Standard terms are Net 30 days. Each of the undersigned individuals authorizes Careforde Inc to make inquiries with any credit reporting agency, bank, and/or trade reference in connection with this request of credit. Furthermore, the Applicant agrees that Careforde Inc maintains the right to bill the credit card on file for any balance which has exceeded the standard Net 30 day terms. Do you agree with the terms and conditions?

Signature:

Date:

PERSONAL GUARANTEE- By signing this credit application the undersigned acknowledges and agrees to be held personally liable and personally guarantee payment for any costs related to the collection of unpaid balances including, but not limited to, interest, penalties, court costs, attorney and litigation fees, and all other costs incurred by Careforde Inc in relation to collecting payment on past due balances.

Name (first & last):

Title:

Guarantor Signature:

Date:

Name (first & last):

Title:

Guarantor Signature:

Date:

Credit Application Disclosure: The Applicant certifies that the information contained in this application is true and complete. The Applicant authorizes Careforde Inc to investigate the references herein, statements, or other obtained data regarding the Applicant or from any other person or entity pertaining to the Applicant's credit and financial responsibility. The Applicant agrees to abide by the Terms and Conditions listed above as well as the Legal Terms and Conditions posted at www.careforde.com/pages/Legal-Terms-and-Conditions-of-Use.html, shown on Careforde Inc's invoices, acknowledged at checkout when placing an order online or by any other terms of sale upon which Careforde Inc and the Applicant should agree in writing. The Applicant authorizes the verification of any or all information listed above. The Applicant agrees to pay interest on past due accounts at the highest rate permitted by law, together with attorneys' fees and all other costs and expenses incurred by Careforde Inc in collecting such accounts. The Applicant agrees that all payments to which Careforde Inc is entitled shall be paid to Careforde Inc at its offices in Chicago, Illinois. The Applicant agrees that the laws of Illinois shall govern all transactions between Careforde Inc and the Applicant, that exclusive venue and jurisdiction of any dispute or suit arising between Careforde Inc and the Applicant shall lie within the courts of the State of Illinois, and the Applicant hereby consents to the jurisdiction of the Illinois courts in any such dispute or suit. NOTICE: 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, age (provided 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 this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.

PLEASE Fax or E-mail the signed, completed credit application and applicable licenses and certificates to

(800) 830-4050 or accounting@careforde.com