Credit Application

Sun Medical Supplies
Barrier Protection Products

800-930-4415
17728 Sun Park Drive

866-475-6926 Fax
Westfield, IN 46074

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ Email: _____

Type of Business (check one) ( ) Individual ( ) Limited Liability Company
Proprietorship ( ) ( ) Partnership ( ) Corporation

If corporation - Date of Incorporation: _____ State of Incorporation: _____

List Principals and Title: _____

_____

If requesting credit above $250, we require a valid credit card to be kept on file.

Type of Card ( ) Visa ( ) MasterCard
Credit Card # _____ ( ) American Express ( ) Discover

Name as it appears on card: _____ Expiration: _____

Please check your preferred method of payment ( ) Charge my card ( ) Utilize established credit

How long in business: _____ Type of practice: _____

Federal Tax ID#: _____ Line of credit requested: _____

Bank Reference: _____ Fax: _____

Contact: _____ Phone: _____

Credit References

Name: _____ Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Name: _____ Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Name: _____ Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Signature _____ Date _____

Sun Medical Supplies disclaims any and all warranties, whether expressed or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. If the goods sold pursuant to this credit application are defective, customer's sole remedy shall be the replacement or repair, at the option of Sun Medical Supplies, of the defective item.