

Hammer Medical/EMS DEPOT



1513 ROCKY POINT ROAD
MIDDLE ISLAND NY 11953
(631) 924-8223 Fax (631) 924-2672
Toll Free (866) 924-8223

Application for Credit

Bill to Address

Ship to Address

Name _____ Name _____

Attn _____ Attn _____

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____

Credit References (please list at least 3 suppliers that you've purchased from)

Company *Account #* *Phone* *Fax*

1. _____

2. _____

3. _____

Bank Reference (please list the bank and account which will be used to pay our invoices)

Bank *Account #* *Phone* *Fax*

This is our authorization to the above listed bank to release information to Island Wide EMS Products Inc. DBA Hammer Medical for evaluating this application.

Tax Exemption # (pls. include a copy of your exemption notice) _____

I (we) agree to pay all invoices within 30 Days of the invoice date. I (we) understand that a finance charge of 1 1/2% monthly (18% annually) will be charged for overdue invoices. Should you have to take legal action against us to collect payment, I (we) agree to pay all costs of suit including attorney's fees. I (we) also understand that this agreement and all purchases are governed under the laws of the State of New York

Date _____ Print Name _____ Signature _____