



FOR OFFICE USE ONLY	
Sales Rep:	
Cust #	

Acor Orthopaedic, LLC
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 credit@acor.com
 P: 800-237-2267
 F: 800-830-8445

CREDIT APPLICATION

Credit Line Requested:	Date:
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BUSINESS INFORMATION

Legal Business Name: _____

Contact:	Title:	Phone:	Fax:
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Street Address: _____

City:	State:	Zip:
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Type of Business:	Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Sole Proprietorship: <input type="checkbox"/>	Non/Profit: <input type="checkbox"/>	Years In Business:
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Status of Business Practice:	New: <input type="checkbox"/>	Established: <input type="checkbox"/>	Number of Years:
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Owner/Principal Name:	SSN#:
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Street (home address):	City, State, Zip:
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Owner/Principal Name:	SSN#:
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Street (home address):	City, State, Zip:
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Do any unsatisfied judgments exist: Yes: No: If Yes, please explain: _____

Have you ever filed Bankruptcy: Yes: No: If Yes, please explain: _____

BANK RELATIONSHIPS

Primary Bank:	Branch:	Phone:
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Bank Officer:	Account #:
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Address:	City, State, Zip:
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TRADE REFERENCES

Name:	Address:
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Phone:	Fax:	Account #:
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Name:	Address:
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Phone:	Fax:	Account #:
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Name:	Address:
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Phone:	Fax:	Account #:
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In consideration for credit being extended, I or we acknowledge to the following: (1) Payment is jointly, severally, and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1.5% per month; (3) any charges still outstanding after 90 days from the date of delivery are subject to collection or arbitration expenses, attorney's fees and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED.

Authorized Signature	Date	Title
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