



SAVELIVES * COM

Common Cents EMS Supply

304 Boston Post Rd, Old Saybrook CT 06475
Phone 860-388-4599 Fax 860-388-4699

Application for Credit

Bill To Address	Name _____	Name _____																
	Attn _____	Attn _____																
	Address _____	Address _____																
	_____	_____																
	_____	_____																
	Phone _____	Phone _____																
	Fax _____	Fax _____																
Credit References (please list atleast 3 suppliers that you've purchased from) <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: left;"><i>Company</i></td><td style="width: 20%; text-align: left;"><i>Account#</i></td><td style="width: 20%; text-align: left;"><i>Phone</i></td><td style="width: 27%; text-align: left;"><i>Fax</i></td></tr><tr><td colspan="4">1. _____</td></tr><tr><td colspan="4">2. _____</td></tr><tr><td colspan="4">3. _____</td></tr></table>			<i>Company</i>	<i>Account#</i>	<i>Phone</i>	<i>Fax</i>	1. _____				2. _____				3. _____			
<i>Company</i>	<i>Account#</i>	<i>Phone</i>	<i>Fax</i>															
1. _____																		
2. _____																		
3. _____																		
Bank Reference (please list the bank and account which will be used to pay our invoices) <table style="width: 100%; border: none;"><tr><td style="width: 33%; text-align: left;"><i>Bank</i></td><td style="width: 20%; text-align: left;"><i>Account#</i></td><td style="width: 20%; text-align: left;"><i>Phone</i></td><td style="width: 27%; text-align: left;"><i>Fax</i></td></tr><tr><td colspan="4">_____</td></tr></table> <p>This is our authorization to the above listed bank to release information to Common Cents EMS Supply for evaluating this application</p>			<i>Bank</i>	<i>Account#</i>	<i>Phone</i>	<i>Fax</i>	_____											
<i>Bank</i>	<i>Account#</i>	<i>Phone</i>	<i>Fax</i>															

Corporate Officers (Please list name, title, home address, home phone numbers of Corporate Officers) _____ _____ _____ _____																		

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 our account to collections to collect payment, I (we) agree to pay all costs, fees, and charges associated with the collections process. 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 Connecticut and that I am authorized to agree to these terms on the applicant organizations behalf.

Date _____ Print Name _____ Signature _____