



SURGICAL SUPPLY COMPANY

CREDIT APPLICATION

www.acesurgical.com

<b>APPLY CREDIT FOR</b> Name ..... Address ..... ..... City..... State ..... Zip..... Years at current address ..... Phone..... Fax..... Date established.....	<b>TYPE OF BUSINESS</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Partnership D.B.A <input type="checkbox"/> Corporation <input type="checkbox"/> Professional Association <input type="checkbox"/> Other  What is your anticipated monthly volume of sales with ACE Surgical Supply? <input type="checkbox"/> \$0-\$500 <input type="checkbox"/> \$500-\$1,000 <input type="checkbox"/> \$1,000-\$2,500 <input type="checkbox"/> Other
<b>OWNERS AND OFFICERS</b> Name ..... Residence Address ..... Address ..... City ..... State ..... Zip..... Phone..... Years in Practice ..... MC - VISA # ..... Expiration Date .....	<b>BANK REFERENCES</b> Bank Name..... Address ..... City ..... State ..... Zip..... Account # ..... Type ..... Date Established..... Bank Officer..... Phone.....
<b>BUSINESS REFERENCES</b> Name..... Address ..... City ..... State ..... Zip..... Phone..... Fax.....	<b>BUSINESS REFERENCES</b> Name..... Address ..... City ..... State ..... Zip..... Phone..... Fax.....
<b>TERMS</b> I agree to pay finance charges up to 1.5% for past due balances over 30 days. I also agree to pay for my purchases according to the terms printed on the invoices. I further authorize ACE Surgical Supply Co., Inc. to charge to my MasterCard or VISA, listed above, any balances outstanding that exceed 45 days past the invoice date.	

Signature ..... Date.....

	<b>ORDER BY FAX</b> <b>800.583.3150</b>		<b>ORDER BY MAIL</b> <b>Address Below</b>		<b>ORDER BY PHONE</b> <b>800.441.3100</b>
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Locally dial: 508-583-3140

ACE Surgical Supply  
1034 Pearl Street, P.O. Box 1710  
Brockton, MA 02301

Locally call: 508-588-3100  
Monday-Friday 8am-6pm EST