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### CREDIT APPLICATION

Please complete, sign and return this form along with  
 your Credit References and Financial Statement to:  
 (818)-759-7474

COMPANY INFO	
Name of Company:	
DBA Name:	
Phone:	Fax:
eMail:	Web Site:
DBA Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> LLC	
Federal Tax ID or Social Security Number:	Amount of credit requested: \$
Date business established:	Number of employees:
Types of products you will purchase:	

PHYSICAL ADDRESS		BILLING ADDRESS	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease		Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease	

OWNERSHIP			
Name:		Name:	
Title:		Title:	
Home Address:		Home Address:	
State:	State:	Zip Code:	
Social Security Number:		Social Security Number:	
Driver Lic No.:	State Issued:	Driver Lic No.:	State Issued:
Name:		Name:	
Title:		Title:	
Home Address:		Home Address:	
State:	State:	Zip Code:	
Social Security Number:		Social Security Number:	
Driver Lic No.:	State Issued:	Driver Lic No.:	State Issued:

BANK INFORMATION	
Bank Name:	Branch:
Address:	Bank Officer:
City:	Phone:
State:	Zip Code:
Account No.:	Account No.:
Account Type: ? Checking ? Saving	Account Type: ? Checking ? Saving

TRADE REFERENCE			
Name:		Name:	
Address:		Address:	
City:		City:	
State:	State:	Fax:	
Phone:		Phone:	
Fax:		Fax:	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	State:	Fax:	
Phone:		Phone:	
Fax:		Fax:	

I certify that all the information in this form is correct; and that I fully understand your credit terms and agree to the terms and conditions as set forth on the reverse side. By execution of this commercial credit application, I hereby authorize you to investigate the credit history of the business entity and that of the principals of the business applying for this account by obtaining information from our bank, trade references, and commercial and consumer credit reporting companies. Any person signing below on behalf of this business entity confirms that it is a valid business entity and that said person is authorized to enter into this agreement on its behalf. The undersigned acknowledges receipt of a copy of this commercial credit application and terms and conditions of sale agreement.

**ACCEPTANCE OF TERMS AND CONDITIONS**

**Payment Terms:** Net 30 Days from invoice date. Payment must be received before or on due date.

**Late Fees:** 1.5% late fee will be added for each month past due. Customer agrees to pay all late fees.

**Return Policy:** All products carry a manufacturer's warranty against defects. The product warranty information can be found on the product information page on our web site and/or inside the box or packaging. After 30-days, all products are covered by the manufactures standard warranty.

**Return Shipping:** Customer agrees to pay all return shipping charges.

**Return Check Fee:** A \$30 Check fee will be charged.

**Defective Items:** All defective items must be confirmed defective with the factory. Special ordered items: All items that are special order are non-returnable. This will pertain to items with special color, size or alteration. Quick Medical will not be held responsible for items ordered with a special color not meeting customer requirement.

**Restock Fee:** AD Business Solutions does not charge a restock fee. Some manufacturers will charge a restock fee to return product, the customer agrees to pay this fee if applicable.

**Shipping:** If delivery is refused or if shipping company cannot deliver for any reason the customer agrees to cover any additional shipping expense.

**Legal Fees:** The Buyer/Applicant agrees with A.D. Business Solutions Terms and return policy. In the event that A.D. Business Solutions should have to go through a collection agency to collect funds, the customer agrees to pay all reasonable collection and legal fees.

**I have read the terms and conditions stated below and agree to all of these terms and conditions.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date