| | | | | | _ | | |
|----------------------------|-------------|--|--------------------|----------------------|-----------------|----------|--|
| | | | | | 216 | Acct. #: | |
| Date: | | | MRIequip.com | | Office Use Only | Limit: | |
| Commann Info | | Credi | t Application | and Agreement | Office | Status: | |
| Company Info Account Name: | | | Full Leg | al Name: | | | |
| Type of Business: | | | | | | | |
| Billing Address: | | | | | | | |
| | | | | | | | |
| Shipping Address: | | | | | | | |
| | | | | | | | |
| Phone #: | | | Contact: | | | | |
| Fax #: | | Parent Company (if any): | | | | | |
| | | | | | | | |
| Business is a | Corporation | Proprietorship | Partnership | Other: | | | |
| Credit Limit Requeste | d: | Year Established: Years At Present Location: | | | | | |
| Principle Owners 1. Name: | Ī | | Title: | | | | |
| Home Address: | | | Title. | | | | |
| | | | 0 :10 | 7. N. 1 | | | |
| Phone: | | Social Security Number: | | | | | |
| 2. Name: | | | Title: | | | | |
| Home Address: | | | | | | | |
| Phone: | • | | | | | | |
| Bank Info. | | *** Ser | d Attachment for a | dditional Owners *** | | | |
| Bank Name: | | | | Fax #: | | | |
| Main Phone: | | Contact: | | Account # | <i>‡</i> : | | |
| City: | | | State, Zi | p: | | | |
| Trade References | | | | | | | |
| 1. Name: | - | | Contact: | Phone #: | | Fax #: | |
| Address: | | | | | Acc | count #: | |

Credit Terms and Conditions

2. Name:

Address:

3. Name:

Address:

MRIequip.com credit terms are Net 45 Days (10% Discount if Paid Within 30 Days) on all new and current accounts. 10% discount applies to merchandise only. Payments become due 45 days after the invoice date, if the order is complete or not. Shipments will be held if an account contains invoices over 45 days due. The account will go on permanent C.O.D. when there is a history of past dues. Third party collection fees must be paid in full before an account can be reopened. I/We understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/We further understand and agree that all accounts or monies due to MRIequip.com shall be paid in accordance with the credit terms stated above and agree to pay all costs of collection and interest, in addition to any court costs and/or attorney fees incurred. I/We authorize investigation of all credit references listed.

Phone #:

Phone #:

Fax #:

Fax #:

Account #:

Account #:

Contact:

Contact:

| By: | Signature: | Date: |
|-----|------------|-------|