



Credit Application

Please complete all fields and email to AR@suprememedical.com

DATE:

Company Name:

Billing Address:

Payables Contact:

Email:

Purchasing Contact:

Email:

Website:

Phone #

Fax #

Customer Type:

Years in Business:

Tax Exempt?

Annual Spend on Medical Supplies?

Federal Tax ID #

Shipping Address: *(if different from Billing Address)*

CREDIT REFERENCES

Current Primary Distributor:

Account#

Email or Fax # for vendor that we can send credit inquiry to:

Name of Bank:

Account#

Email or Fax # for bank that we can send credit inquiry to:

How did you hear about Supreme?

SALES AGREEMENT: The undersigned in consideration for terms of sale herein and for the extension of credit by Supreme Medical hereby agrees that the terms of sale are defined on each order acknowledgment. A service charge of 1.5% per month (18% per annum) will be added on any past due balance. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit is brought and including fees incurred in any appeals or bankruptcy proceedings. The undersigned expressly agrees that regardless of place of payment all suits at law or in equity for any breach of this agreement or for default in payment shall be instituted and maintained in any court of competent jurisdiction in Mobile County, Alabama. The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers or form that the business operates shall be made known to Supreme Medical. This notice shall be in writing and mailed to Supreme Medical, 4497 Dawes Rd Theodore, AL 36582 by certified US mail. The applicant hereby grants permission to Supreme Medical to obtain from any sources any information related to its credit standings.

GUARANTY: The undersigned (individually or collectively, the Guarantor), hereby fully Guarantee and hold myself/ourselves personally responsible for the payment of the purchase price of all such goods, wares, and merchandise so sold or delivered. Should it become necessary to place this Guaranty with an attorney for collection, suit, or other legal action, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or in any court of competent jurisdiction in Mobile County, Alabama.

Execution of this agreement authorizes Supreme Medical to conduct a credit investigation for the basis of establishing credit.

Authorized Signature of Company Officer:

Name:

Title: