

Application for Credit

Fax: 480-222-1599
Email: rhonda.gill@arizonaafo.com

For your initial order, we require authorization to ship C.O.D. or to charge to your credit card. If you are approved for credit terms, all following orders will be billed to your account.

Please ship 1st order C.O.D. Please charge first order to credit card (complete credit card authorization form)

Date: _____

Fed ID#: _____

Business Name: _____

Facility Type: O&P DME DPM Pedorthic

Phone No: (____) _____ Fax No: (____) _____

Billing Address: _____

Shipping Address: List single shipping address below. **Multiple addresses will need to be provided on a separate sheet.**

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Practitioner(s) Name/Certification(CO, CP, CPO, DPM, etc)/E-mail:

Name: _____ Cert. _____ Email: _____

Name: _____ Cert. _____ Email: _____

.....

Accounts Payable Contact

Name: _____ Phone/Ext: _____ Email: _____

.....

Banking Information:

Name: _____ City, State: _____

Phone No: (____) _____ Fax No: (____) _____ Checking Acct # _____

The above-named company hereby grants permission to its creditors and bank to release information about its credit history to Arizona AFO, Inc. and also grants permission to Arizona AFO, Inc for verification of the information provided.

Date

Signature

Printed Name

4825 E. Ingram St.
Mesa, Arizona 85205



480-222-1599 fax
877-780-8382 main

Trade References

Company: _____ City, State: _____

Account #: _____ Phone: _____ Fax: _____

Company: _____ City, State: _____

Account #: _____ Phone: _____ Fax: _____

Company: _____ City, State: _____

Account #: _____ Phone: _____ Fax: _____

Company: _____ City, State: _____

Account #: _____ Phone: _____ Fax: _____

Company: _____ City, State: _____

Account #: _____ Phone: _____ Fax: _____

Providing complete information on your trade references will help us to expedite your application. Providing your references fax number is especially helpful.

ACCEPTED TERMS

Upon approval of this application, a business account will be opened for your convenience. All payments are due within 30 days of each invoice date. A late charge will be added to all past-due amounts at the rate of one and one-half percent (1.5%) per month or 18 percent per annum.

If failure to pay according to the terms of the agreements causes this account to assigned or referred to an attorney/agency for collection, Buyer agrees to pay Seller's reasonable collection and/or attorney's fees and all court costs.

With my signature below, I confirm that I am duly authorized to bind the company and that the information in this application is complete and correct and that the company has the financial ability and willingness to pay for these goods hereafter purchased from Arizona AFO, Inc. promptly and in accordance with these terms and conditions.

For the purpose of obtaining merchandise from Arizona AFO, Inc. on credit, buyer provides the above information and warrants to Arizona AFO, Inc., that the information in complete, true and accurately reflects the present financial condition of Retailer.

_____ Date

_____ Signature

_____ Printed Name

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