



HeartWell Medical Supplies P.O. Box 1397 Lakewood, NJ 08701

Tel. 877-249-0230 Fax 732-523-4202

E-mail sales@heartwellmed.com

Legal Credit Application

Company Name						
Address			Phone		Fax	
City, State, Zip		Email		Website		
Years in Business	Years at Present Address	Federal ID	Dun & Bradstreet	Annual Sales	Desired Credit Limit	

HEREBY applies for credit in accordance with the terms and conditions of HeartWell Medical Supplies LLC.

Exact name of the applicant (Trade or other name used)	State of incorporation or Registration of partner
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Do we have permission to Fax/email promotion or updates etc. about our company and Products? ☐ Yes ☐ No

How would you prefer for us to send your invoices: (please circle one) Mail Fax _____ Email _____

Individual if Proprietorship

Name	SS#	Home phone
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Partners if Partnership

Name	SS#	Home phone
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Name	SS#	Home phone
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Name	SS#	Home phone
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Name	SS#	Home phone
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Principals if Corporation

Name	SS#	Home phone
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Name	SS#	Home phone
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Name	SS#	Home phone
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Name	SS#	Home phone
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Bank Reference

1)	Bank name		Address, City, State, Zip		
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

2)	Bank name		Address, City, State, Zip		
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize HeartWell Medical Supplies Inc. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above and business references listed on next page.

Officer Signature

Print Office Name

Officer Title

Date

Business References

(you must provide at least 4 references)

Due to recent Privacy Laws that are currently in effect, we require fax numbers for all references so that we may provide your business references with proof of your consent to obtain credit references.

1)	Business name			Address, City, State, Zip		
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

2)	Business name			Address, City, State, Zip		
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

3)	Business name			Address, City, State, Zip		
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

4)	Business name			Address, City, State, Zip		
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

5)	Business name			Address, City, State, Zip		
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

Terms and Conditions of this credit application

- 1) Until credit approval can be obtained, new accounts will be shipped C.O.D. Cash or Certified Check.
- 2) All past due amounts due and owing HeartWell Medical Supplies LLC by Applicant shall bear interest from date due until paid at the greatest applicable interest rate permitted by law. If no usury statute shall apply, all past due amounts may bear interest at 1.5% per month
- 3) Orders with outstanding and past due balances will be processed on C.O.D. basis only.
- 4) All principals and officers of the corporation are personal guarantors to the account of the corporation.
- 5) Debtor agrees to pay all invoices to HeartWell Medical Supplies LLC P.O. Box 1397 Lakewood NJ 08701
- 6) Checks returned due to insufficient funds will be assessed a \$30.00 service charge.

I certify that I have read and agreed to the terms above. I further agree to pay all interest, costs of collection, and/or legal fees incurred by HeartWell Medical Supplies Inc., that are necessary to collect amounts owed by this credit applicant

Office Signature

Print Office Name

Officer Title

Date

Personal Guarantee

The undersigned unconditionally guarantees the complete payment of the above referenced Company ("Customer") account with HeartWell Medical Supplies Inc.. ("The Company"), which includes all monies due on the account and all costs incurred in Collections of these monies (Collectively the "Debt"). The Company has the right, at any time, without notice, to change or alter the customer's terms in respect to the account. This is a guaranty of payment and not of collection and is not conditioned upon the genuineness, validity or enforceability of the Debt. All points of sale are Lakewood, New Jersey. A fee of \$30.00 will be charged on all returned checks.

Signature

Print Name

Title

Date