

BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Federal ID		<input type="checkbox"/> Sole proprietorship	
Phone & Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name	
How long at current address?		Primary business address City, State ZIP Code	
Dun & Bradstreet		Phone	
Annual sales		Account number	
Desired credit limit		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. By submitting this application, you authorize Tiger Medical to make inquiries into the banking and business/trade references supplied.
2. Until credit approval can be obtained, new accounts will be shipped C.O.D. Cash or Certified Check.
3. All past due amounts due and owed to Tiger Medical Inc. by Customer 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.
4. Orders with outstanding and past-due balances will be processed on a C.O.D. basis only.
5. All principals and officers of the corporation are personal guarantors to the account of the corporation.
6. Debtor agrees to pay all invoices to Tiger Medical 64 Mountainview Blvd. Wayne, NJ, 07470.
7. Checks returned due to insufficient funds will have a \$30.00 service charge.

I certify that I have read and agree to the terms above. I further agree to pay all interest, costs of collection, and/or legal fees incurred by Tiger Medical Inc., that are necessary to collect amounts owed by this Credit Applicant/Customer.

The undersigned unconditionally guarantees the complete payment of the above referenced Company ("Customer") account with Tiger 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 guarantee of payment and not of collection and is not conditioned upon the genuineness, validity, or enforceability of the Debt. All points of sale are in Wayne, New Jersey.

SIGNATURE

Print Name & Title:	Signature:	Date:
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