

Customer Set-Up Form - Credit Terms

Customer Type: New Existing

Account No. (if applicable):

Company Information

Company/Entity (Legal Name)

Ship To Address:

City

State

Zip

Phone

Fax

Email

Bill To Address:

Same as Ship To Address

City

State

Zip

Phone

Fax

Email

Business Type:

Commercial

Residential

School

Church

Medical Professional

Government

Reseller

Other

Tax Exemption Status: (Choose one)

Resale

Other Exempt

(both will require a certificate at time of application)

Fed Tax ID# (or SS#)

Contact Information

Purchasing Agent Name:

Phone

Fax

Email

Accounts Payable Name:

Phone

Fax

Email

Trade References *(please fill out or attach your company's standard form)*

Company Name

Phone

Fax

Address

City

State

Zip

Account No.

Contact Person /Title

Email

Company Name

Phone

Fax

Address

City

State

Zip

Account No.

Contact Person /Title

Email

Company Name

Phone

Fax

Address

City

State

Zip

Account No.

Contact Person /Title

Email

Bank Reference

Bank Name		Phone	Fax	
Address		City	State	Zip
Account No.	Bank Contact (Name/Title)		Email	

Preferred Terms: Due Upon Receipt Net 15 Net 20 Net 30 Net 45

All statements made herein are true and accurate to the best of our knowledge. We are aware that incomplete or false information may result in denial of credit. We authorize Global Med Industries, LLC/ HeartSmart.com to make any inquiries necessary for action on this credit application. We agree to comply with the stated terms of sale, i.e. net 30 days. Any amount due after 30 days is subject to a late charge of 1.5% per month. In the event that any action is necessary to collect amounts due, Global Med Industries, LLC will be entitled to recover all principal due as well as expenses and reasonable attorney fees. Global Med Industries, LLC/ HeartSmart.com reserves the right to change credit terms at any time, without notification.

Authorized Signature	Title	Date
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Please return this form via fax (860) 967 0565 or email: sales@heartsmart.com

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