



# CREDIT APPLICATION

---

## BILLING INFORMATION

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Payment Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Payment Contact Phone

\_\_\_\_\_  
State                      Zip Code

\_\_\_\_\_  
Payment Contact Email

## CREDIT INFORMATION

\_\_\_\_\_  
Credit Amount Requested

\_\_\_\_\_  
Terms Requested *Net 30 is standard*

\_\_\_\_\_  
Type of Business *(Corporation, Partnership, etc.)*

\_\_\_\_\_  
Years in Business

\_\_\_\_\_  
Federal Tax Identification Number

## BANK REFERENCE

\_\_\_\_\_  
Name of Current Bank

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
State                      Zip Code

\_\_\_\_\_  
Fax Number

**CONTINUED ON NEXT PAGE**

**TRADE REFERENCE #1**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Fax Number

**TRADE REFERENCE #2**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
I, the undersigned, hereby attest that all information provided in this application is true and factual. Furthermore, I attest that I have the authority to and hereby do authorize AOD CFAB, LLC to conduct credit checks through bank and trade references, credit reporting agencies, and any other sources as deemed reasonably necessary by AOD CFAB, LLC. I understand that any information obtained in relation to this credit application will be used solely for the purpose of making a decision of credit approval or denial and will be held in strict confidence with AOD CFAB, LLC.

\_\_\_\_\_  
Printed Name and Title *Must be a company Officer*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved as Requested

Approved with Altered Credit Amount or Terms

Denied

\_\_\_\_\_  
Approved or Denied By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Remarks