



American Prosthetic Components, LLC

ACCOUNT APPLICATION				
APC Sales Representative:			Date:	
Company Legal Name:			Federal ID No.:	
Doing Business As (if different):			Business Contact:	
Billing Address:	(Street)			Email Address:
				Business Phone:
	(City)	(State)	(Zip)	(Country)
			Accounts Payable Phone:	
Shipping Address:	(Street)			Accounts Payable Fax:
				Accounts Payable Email:
	(City) (State) (Zip) (Country)			Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>(If no, attach sales tax exemption certificate)</b>
Type of Business:	<input type="checkbox"/> Corporation: Division of		State of Incorporation: <input type="checkbox"/> Public <input type="checkbox"/> Private	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietor	
List Owners, Partners, Officers & Percent of Ownership	Name:		Title:	Percent:
	Name:		Title:	Percent:
	Name:		Title:	Percent:
	Name:		Title:	Percent:
	Name:		Title:	Percent:
Date Business Started:			Number of Employees:	
Estimated Annual Sales/Revenue: \$			Estimated Monthly Purchases: \$	
REFERENCES				
Trade Reference Name:			Telephone:	
City/State/Zip:			Fax:	
Trade Reference Name:			Telephone:	
City/State/Zip:			Fax:	
Trade Reference Name:			Telephone:	
City/State/Zip:			Fax:	
Bank Name:			Telephone:	
City/State/Zip:			Fax:	
Bank Contact Name:				
AGREEMENT				
<p>(NAME) _____ as representative of the company requesting credit on this application certifies that the information contained herein is true and correct, and further agrees that this Credit Application is submitted to Creditor as well as its successors and assigns. I grant permission to Creditor to obtain independent credit reports and other information from trade references and banks, and authorize credit references and banks to release information that may be used to determine creditworthiness, both now and in the future. It is agreed and guaranteed that if credit is extended all sales liabilities will be repaid to creditor within Net 30 Day terms and a 2% late fee will be applied monthly for failure.</p>				
Signature:			Date:	
Title:			<b>Fax completed form to (920) 468-1609</b>	