Revised 3-12-2015

# KNIT-RITE® INCORPORATED

Credit Application Form

Salesman # _____

SmartKnit core-spun THERAFIRM GOGO SmartKnitKIDS

Account Name: _____ Legal Name: _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC

Open Terms? ☐ YES ☐ NO Buying Grp. Member? No

Type of Organization: ☐ HME/DME ☐ DPM ☐ Hospital ☐ Pharmacy ☐ Uniform ☐ Other

Under present ownership since _____

Sales Tax Exempt ☐ YES ☐ NO Sales Tax # _____

PRINCIPAL OWNER (S): _____

Alternate Contact: _____

Credit Card #: _____ Expiration Date: _____

## PLEASE PRINT OR TYPE

**Bill To Address & Accounts Payable Contact Info:**

Trade Name: _____ Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail _____

*Additional Locations; please attach a separate list.*

*PLEASE SUPPLY TRADE AND BANK REFERENCES IF YOU ARE APPLYING FOR OPEN TERMS*

TRADE REFERENCES: Fax numbers *MUST* be included

*Note : If needed, we may contact you later for additional references.*

1) Name:_____ Account #:_____

Address :_____

Telephone: (_____)_____ Fax: (_____)_____

2) Name:_____ Account #:_____

Address :_____

Telephone: (_____)_____ Fax: (_____)_____

BANK REFERENCES: Fax numbers *MUST* be included

3) Name:_____ Account #:_____

Address :_____

Telephone: (_____)_____ Fax: (_____)_____

Desired Credit Limit

$ _____

## KNIT-RITE, INC. TERMS AND CONDITIONS

**Terms are Net 30 Days.**

I, _____, authorize Knit-Rite, Inc., to investigate the references listed, as well as any others deemed prudent by Knit-Rite, Inc. pertaining to our credit and financial worthiness. I understand the net 30day terms and agree to pay in full according to these terms. If payment is not received according to terms, the amount past due is subject to a 1-½% service charge per month. To the extent permitted by law, I agree to pay all costs and disbursements, including reasonable attorney fees, incurred by Knit-Rite, Inc. in collecting or enforcing the indebtedness.

Signature _____ Printed Name _____ Date _____