



SLI Medical
 42350 Grand River Ave. Novi, MI 48375
Tel. 844-239-4058
 Website: www.SLIMedical.com
 E-mail Info@SLIMedical.com

Credit Application

Company Name _____

Address _____ Phone _____ Fax _____

City, State, Zip _____ Email _____ Website _____

Years in Business _____ Years at Present Address _____ Federal ID _____ Dun & Bradstreet _____ Annual Sales _____ Desired Credit Limit _____

HEREBY applies for credit in accordance with the terms and conditions of Supply Line International Medical, LLC. aslo know as SLI Medical, LLC.

Exact name of the applicant (Trade or other name used) _____ State of incorporation or Registration of partner _____

Do we have permission to Fax/email promotion or updates etc. about our company and Products? Yes No

How would you prefer for us to send your invoices: (please circle one) Mail Fax _____ Email _____

Individual if Proprietorship

Name _____ SS# _____ Home phone _____

Partners if Partnership

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Principals if Corporation

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Name _____ SS# _____ Home phone _____

Bank Reference

1)	Bank name	Address, City, State, Zip			
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

2)	Bank name	Address, City, State, Zip			
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize SLI Medical LLC. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above and business references listed on next page.

Officer Signature _____ Print Office Name _____ Officer Title _____ Date _____

Business References

(you must provide at least 4 references)

Due to recent Privacy Laws that are currently in effect, we require fax numbers for all references so that we may provide your business references with proof of your consent to obtain credit references.

1)	Business name		Address, City, State, Zip			
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

2)	Business name		Address, City, State, Zip			
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

3)	Business name		Address, City, State, Zip			
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

4)	Business name		Address, City, State, Zip			
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

5)	Business name		Address, City, State, Zip			
Contact Person	Credit Limit	Terms	Telephone	Fax	Account Number	

Terms and Conditions of this credit application

- 1) Until credit approval can be obtained, new accounts will be shipped C.O.D. Cash or Certified Check.
- 2) All past due amounts due and owing SLI Medical LLC. by Applicant 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
- 3) Orders with outstanding and past due balances will be processed on C.O.D. basis only.
- 4) All principals and officers of the corporation are personal guarantors to the account of the corporation.
- 5) Debtor agrees to pay all invoices to SLI Medical LLC. 42350 Grand River Ave., Novi, MI 48375
- 6) Checks returned due to insufficient funds will be assessed a \$30.00 service charge.

I certify that I have read and agreed to the terms above. I further agree to pay all interest, costs of collection, and/or legal fees incurred by SLIMedical LLC. Inc., that are necessary to collect amounts owed by this credit applicant

Office Signature

Print Office Name

Officer Title

Date

Personal Guarantee

The undersigned unconditionally guarantees the complete payment of the above referenced Company ("Customer") account with SLI Medical LLC.. ("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 guaranty of payment and not of collection and is not conditioned upon the genuineness, validity or enforceability of the Debt. All points of sale are 42350 Grand River Ave. Novi, MI 48375. A fee of \$30.00 will be charged on all returned checks.

Signature

Print Name

Title

Date