US COMPRESSION
Custom Compression Garments Covered By Your Insurance

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www.uscompression.com

Credit Application Form

Legal name_____ **d.b.a.**_____

Billing Address_____ **City**_____

State_____ **Zip**_____/_____ **Phone #**_____/_____/_____ **Fax #**_____/_____/_____

Please supply any ship to addresses that are different than above.

A/P Contact _____ **Phone #**_____/_____/_____ **Ext**_____

A/P Email _____ **A/P Fax #**_____/_____/_____

Purchaser Contact_____**Email**_____

ATP/RTS Contact _____**Email**_____

IRS Emp. Id#_____ **Resale#**_____

Tax Exempt: No_____ **Yes**_____ **(Please fill in any/all tax ID numbers above)**

Type of Business: _____**Proprietorship** _____**Partnership** _____**Corporation** _____**LLC**

Subsidiary / Division of _____

Yrs in Business:_____ **Yrs @ present location:**_____ **# of Employees**____ **Sq. Feet**_____

Principals:

Full Name_____ **Title**_____ **Soc. Sec #**_____/____/_____

Full Name_____ **Title**_____ **Soc. Sec #**_____/____/_____

Have Owners Ever Filed Bankruptcy? No_____ **Yes**_____ **(If Yes, Please explain on additional page)**

References: ***List at least three vendors who have granted like amounts of credit.***

1) Name_____ **Phone**_____/_____/_____ **Account#**_____

Address_____**Email**_____

City_____ **State**_____ **Zip**_____/_____

2) Name_____ **Phone**_____/_____/_____ **Account#**_____

Address_____**Email**_____

City_____ **State**_____ **Zip**_____/_____

3) Name_____ **Phone**_____/_____/_____ **Account#**_____

Address_____**Email**_____

City_____ **State**_____ **Zip**_____/_____

4) Name_____ **Phone**_____/_____/_____ **Account#**_____

Address_____**Email**_____

City_____ **State**_____ **Zip**_____/_____

Bank Information:

Bank Name_____ **Phone**____/____/_____ **Account#**_____

Address_____ **Attn.:**_____

City_____ **State**_____ **Zip**_____/_____

Requested credit line $_____

The dealer agrees to indemnify and hold harmless US Compression LLC from any and all claims, losses, damages, charges, expenses (including any and all reasonable expenses involving attorney's fees and product recall) which may be made against US Compression LLC. or which may incur arising out of any US Compression LLC. product that has been modified by someone. The undersigned authorizes the suppliers, banking officers, attorneys, and accountants designated herein to disclose to US Compression LLC. all information requested pertaining to the business entity and its officers or owners in the credit review and extension process.

The undersigned hereby certifies that the above information is true and correct and that I/we will abide by the above agreement. In addition to the foregoing the undersigned expressly agrees that in the event any action or proceeding shall be brought for the recovery of amounts due for merchandise obtained from US Compression LLC. or its assigns, all costs of collection including but not limited to attorney's fees, plus interest at the rate of the lesser of 1.5% per month or the maximum prevailing rate allowable under the law of the State of Michigan will be paid in full by applicant.

The undersigned also agrees to retain the account at a current status at the agreed-upon terms of payment listed on the invoice.

Company_____ **Date**____/____/_____

Signed by (Authorized Agent)_____

Printed Name and Title_____

Both pages of the form must be completed
This form is a requirement of credit application; please do not substitute your own form.

Once completed please submit to: uscompressiongarments@gmail.com