SkiL-Care™ CORPORATION

29 Wells Avenue, Yonkers, NY 10701 • (914) 963-2040 • Fax: (914) 963-2567

CREDIT APPLICATION

BILL TO:

EXACT NAME: ____________________

DIVISION OR SUBSIDIARY OF: ____________________

ADDRESS: ____________________

CITY: ____________________

STATE: ____________ ZIP: ________

PHONE NO.:(____) ____________________

FAX NO: (____) ____________________

E-MAIL: ____________________

SHIP TO:

NAME: ____________________

ADDRESS: ____________________

CITY: ____________________

STATE: ____________ Zip: ________

PHONE NO.:(____) ____________________

ATTN: ____________________

PHONE NO.:(____) ____________________

FAX NO: (____) ____________________

GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS: ____________________

FOR DEALERS ONLY:

SOURCE OF SALES: _____% HOSP. _____% L-T-C- _____% DME- _____% OTHER _____% ON-LINE

WEBSITE: ____________________

D.B.A. ☐ INDIVIDUAL ☐PARTNERSHIP ☐CORPORATION

YEARS IN BUSINESS:______ YEAR OF INC.______ STATE OF INC.____

Officer's Name	Title
*	
*	
*	

ARE YOU SALES AND/OR USE TAX EXEMPT?

☐Yes - If yes please insert your certificate no. below

☐No

Certificate No.: ____________________

Accounts Payable Contact:

Name: ____________________

PHONE NO.:(____) ____________________ Ext.______

FAX NO: (____) ____________________

CONTACT INFORMATION:

Purchasing: ____________________ Email: ____________________

Product Manager: ____________________ Email: ____________________

BANK REFERENCE

BANK NAME: ____________________ OFFICER HANDLING: ____________________

CITY: ____________ STATE: ____________ ZIP: ________ PHONE NO: (____) ____________

CHECKING ACCT. NO: ____________ SAVINGS ACCT. NO.: ____________ OTHER: ____________

BUSINESS CREDIT REFERENCE (MEDICAL PRODUCT MANUFACTURERS)

	NAME	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER
1)			(____)
2)			(____)
3)			(____)
4)			(____)

we certify that all the information on this form is correct and that we fully understand your credit terms and agree to proper payment in consideration of extended credit. We give you our permission to contact any of the above parties to request credit information.

Date: ____________________

* (Signed) ____________________

* (Title) ____________________

* Information Required