



Prices

All prices are FOB New Port Richey, FL and are subject to change without notice.

All freight charges, including a \$5.00 handling fee, will be added to the invoice and billed accordingly.

Service Charges

Past due accounts are subject to a 1.5% per month service charge, with an annual effective rate of 18%.

Past Due Accounts

1 - 30 Days Past Due -

Discounts and coupons not allowed, finance charges added, phone call made.

31 - 60 Days Past Due -

Discounts and coupons not allowed, finance charges added, phone call made, orders placed on **shipping hold** (order will be made, but not shipped until account is current). After 45 days we reserve the right to charge credit card on file for past due amounts.

61 - 90 Days Past Due -

Discounts and coupons not allowed, finance charges added, phone call made, account put on **credit hold** (order will not be fabricated until account is current).

90+ Days Past Due -

Discounts and coupons not allowed, finance charges continue to be added, phone call made, account put on credit hold and account may be sent to attorney/collections. If your account reaches 90 then your account will be put on COD or Credit Card basis only. After 90 days, your account will be re-evaluated, and at the credit manager's discretion, may qualify for credit again.

Past due customers will not be released from hold status until we **RECEIVE** payment that brings the account current. We cannot make a shipment based upon a check number or payment promise.



New Account / Credit Application

Clinic Name: _____

Billing Address _____

City: _____ ST: _____ ZIP: _____ PO REQUIRED: YES NO

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Shipping Address _____

City: _____ ST: _____ ZIP: _____

Type of organization: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR

FEIN/SS: _____ YRS IN BUSINESS: _____

Owner (S) 1) _____ TITLE: _____

2) _____ TITLE: _____

AP Contact: _____ Phone: _____

AP Email: _____

BANK NAME: _____ ACCOUNT # _____

BANK CONTACT: _____ PHONE _____

CREDIT REFERENCES

NAME: _____ Email address / phone number: _____

NAME: _____ Email address / phone number: _____

NAME: _____ Email address / phone number: _____

IMPORTANT PLEASE READ!!!

Please fill in your credit card for your account. Orders will not ship without payment information. Credit line may be approved after 60 days of established payment history upon our discretion. Credit card will be charged upon shipping, or if an alternate form of payment is refused or returned. Additionally, any outstanding invoices may be charged to the credit card on file if payment is not received within 45 days. We reserve the right to hold orders because of past due invoices.

VISA / Master Card/ AMEX/ Discover # _____ EXP: _____ CVC: _____

Billing Address for CC: _____ Print Name: _____ Authorized Initials: _____

I certify that all the information on this form is true and accurate. I fully understand and agree to your credit terms of **NET 30 DAYS** from date of invoice plus finance charges added to any balance not paid after due date. I authorize Grace Prosthetic Fabrication, Inc to contact any source necessary (including my bank, credit references and any credit bureaus) to complete an evaluation of my credit and financial history. I agree that I shall assume full responsibility for payment of all legal fees necessitated by default in payment. Suit for collection may be instituted for said balance owed plus interest. I agree that venue for all actions under this agreement lies in Pasco County, Florida.

OWNER'S SIGNATURE _____

Today's Date _____

OFFICE USE ONLY Approved: _____ Date: _____

Denied: _____ Auth: _____ Date: _____

Declined Net 30: _____

CC or COD required



(MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER)

In consideration for Grace Prosthetic Fabrication, Inc extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its' agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to Grace Prosthetic Fabrication, Inc by the business identified below whether said sums are due under open account, contract or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Grace Prosthetic Fabrication, Inc and the business. Grace Prosthetic Fabrication, Inc shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Grace Prosthetic Fabrication, Inc.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested by Grace Prosthetic Fabrication, Inc. Said notice shall specify the date on which this guarantee is to be terminated. Said date is not to be less than ten days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Name _____ SSN _____

(Individual guaranteeing payment, no title)

Home Phone _____ Cell Phone _____

Home Address _____

City _____ ST _____ Zip _____

Signature of person guaranteeing payment

Name of business whose account is guaranteed

Credit Department Use Only

Date line of credit approved/denied _____ Amount \$ _____ Intials _____

Comments: _____

Accounts and Payment Terms

Domestic Orders will be shipped COD until credit has been established. Open accounts will be established upon receipt of a completed credit application. Payment terms are NET 30 DAYS from the date of invoice.