



7928 Rutillio Court / New Port Richey, FL 34653  
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[accounting@gpfinc.com](mailto:accounting@gpfinc.com)  
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## 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.



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Clinic Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PO Required: Yes No

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Main Office Email: \_\_\_\_\_

Website: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Organization: CORPORATION PARTNERSHIP SOLE PROPRIETOR

FEIN/SS: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Referred By/How did you find us? \_\_\_\_\_

Owner #1 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner #2 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AP Contact Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

**CREDIT REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT PLEASE READ!!!**

Please fill in your credit card for your account. **Orders will not ship without payment information.** A 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/Mastercard/Amex/Discover #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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 the 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 the venue for all actions under this agreement lies in Pasco County, Florida.

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**(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 the 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 releases the undersigned as to any sum or debt incurred prior to such termination.

**PRINT NAME (Individual Guaranteeing Payment):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

SSN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME OF BUSINESS WHOSE ACCOUNT IS GUARNATEED: \_\_\_\_\_

**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 the invoice.

**OFFICE USE ONLY**

BLA Account Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Net 30 Payment Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card required: \_\_\_\_\_

New Account Report: \_\_\_\_\_

Credit Card Report: \_\_\_\_\_

Constant Contact: \_\_\_\_\_

SharePoint Account: \_\_\_\_\_

Shipping Report: \_\_\_\_\_

## SHIPPING METHOD

UPS Ground service is our default shipping method out of Florida. Expedited shipping is available upon request for an additional charge. We do not process shipments on Saturday, Sunday, or any national holiday.

**\*\*Please be advised there is a \$5.00 handling fee per order that will be added to the invoice and billed accordingly.**

Any order completed after 2pm will not be shipped until the next business day.

If you prefer to use your own UPS or FedEx account, please provide us your account # below.

UPS Account #: \_\_\_\_\_

FedEx Account #: \_\_\_\_\_