

Credit Application

Please fax the completed application to (973)783-7075 or email it to isp@parentgiving.com.

INSTITUTIONAL SALES PROGRAM

Discount bulk sales for medical and home health supplies & equipment



COMPANY

Company Name (full legal name): _____ Years in Business: _____

Business Structure: Corporation Proprietorship Partnership or LLC

If a Corporation, State of Incorporation: _____ If a Proprietorship, Owner's name: _____

If a Partnership or LLC, please list all owner's names and ownership % on a separate page.

Is this a subsidiary? Yes No If Yes, Name & Address of Parent: _____

Federal Tax Id: _____ Website URL: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

A.P. Contact Name: _____ Phone: _____ Email: _____

Credit Limit Requested \$ _____

Do you use P.O.'s? Yes No Are you exempt from sales tax? Yes No *(If Yes, NJ Form ST-4 required)*

CONTACT

Your contact information

Account Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

BANK

Provide at least 1 bank reference

Bank1 Name: _____ Address: _____

Account #: _____ Line of Credit \$: _____

Contact Name: _____ Phone: _____ Fax: _____

Bank2 Name: _____ Address: _____

Account #: _____ Line of Credit \$: _____

Contact Name: _____ Phone: _____ Fax: _____

TRADE REFERENCES

Provide at least 2 trade references

Company1: _____ Contact: _____ Phone: _____

Company2: _____ Contact: _____ Phone: _____

I/We agree to make all payments within 30 days of receiving all orders from Parentgiving, Inc. Further, for any/all overdue amounts We agree to pay interest at a rate of 1.5% per month, compounded monthly. Parentgiving, Inc. may report information about my/our account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in our credit report. If it becomes necessary to file a lien, lawsuit or engage a collection agency or attorney, We agree to bear all expenses incurred by Parentgiving Inc., including but not limited to attorney fees, court costs, in addition to the accrued interest. We agree and acknowledge that the Superior Court of New Jersey, in Essex county, is the proper venue and jurisdiction for the litigation of, or performance of, any matters relating to this credit application, or the account.

I hereby release any and all credit or financial information to Parentgiving, Inc. or its assignees; By signing I am accepting these terms and conditions. I certify that I am authorized to execute this agreement on behalf of the company listed above.

Name (print)

Title

Signature

Date