

Purchasers Credit Application/Agreement

10799 N. 90TH ST. SCOTTSDALE, AZ 85260-6726
 PHONE: 480-767-6800 FAX: 602-296-0297 WWW.ACTIVEFOREVER.COM

___ Proprietor ___ P.C. ___ Partnership ___ Public Corp. ___ L.L.C. ___ Non Public Corp. ___ Non Profit Status

Incorporated: State _____ Date of Incorporation _____

Type of Business _____ In Business Since _____

Federal I.D. # _____ State Tax I.D. # _____

Business Name _____ Phone _____ Web Address _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Division or Affiliate of _____ Phone # _____

Home Office _____ City _____ State _____ Zip _____

Owners if this is an individual, proprietorship or partnership Officers if this is a Corporation

Name	Title	Home Address	SS#	Home Phone
_____	_____	_____	_____	_____

Bank Name	Branch	Acct.#	Type of Acct.	Phone# & Contact
1. _____				

Credit References (Name, Address, Phone#, Contact) (or attach references on a separate page)

1. _____

2. _____

3. _____

Have you ever filed bankruptcy? ___yes ___no When? _____ Where? _____

The above information is warranted to be true. I/we certify that I/we have authority to open this account and if credit is extended I/we agree to pay in accordance with terms of invoicing and to pay finance charges of 1.5% per month. (18% per annum) on past due balances, minimum \$5.00. I/we also agree to pay all costs of collection, including attorney's fees and court cost incurred by creditor in the collection of any past due amounts. I/we specifically understand that Independent Living Products billing and credit functions are processed through headquarters in Scottsdale, Maricopa County, AZ. Consequently it is understood and specifically agreed that in the event of suit or action, same shall take place in Scottsdale, Maricopa County, AZ. Customers agree they are waiving their right to litigate outside of Maricopa County, AZ. The undersigned authorizes Independent Living Products to obtain whatever credit information is necessary to determine whether credit and/or reconfirmation should be extended, and I/we authorize any reference to release all information pertaining to my account.

Company Name _____ Signature _____

Print Name _____

Email contact _____

Title _____