

## CREDIT APPLICATION FORM



### **CPR SAVERS & FIRST AID SUPPLY LLC**

7904 E. CHAPARRAL RD. STE A110-242

SCOTTSDALE, AZ 85250

PHONE: (480) 946-0971 \* FAX: (480) 275-7002

TOLL FREE: (800) 480-1277 WEBSITE: [WWW.CPR-SAVERS.COM](http://WWW.CPR-SAVERS.COM)

### **COMPANY INFORMATION:**

TRADE NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

TAX ID # \_\_\_\_\_

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ LLC

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

### **BANK REFERENCES:**

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TRADE REFERENCES:**

COMPANY NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PAYMENT INFORMATION:**

**PAYMENT IS DUE 30 DAYS AFTER THE MERCHANDISE HAS BEEN RECEIVED.** IF THE INVOICE IS PAST DUE FOR MORE THAN **45** DAYS, CPR SAVERS & FIRST AID SUPPLY LLC WILL CHARGE ANY UNPAID BALANCE OF THE COMPANY CREDIT CARD ON FILE.

IF THERE ARE TWO OR MORE OPEN INVOICES AND THEY **ARE ALL PAST DUE**, CPR SAVERS & FIRST AID SUPPLY LLC WILL CHARGE ANY UNPAID BALANCE OF **ALL** THE INVOICES REGARDLESS IF SOME OF THEM ARE NOT OVER THE 45 DAYS PERIOD MENTIONED BEFORE.

Name on the Card	C. Card Number	C. Card Security Code	Expiration Date	Billing Address

• Note: Company credit card information is a required field. A lack of credit card information might result in lower credit limits or no credit at all.

**APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES PLUS INTEREST IN CASE OF  
DEFAULT IN PAYMENTS IN COMPLIANCE WITH OUR TERMS. APPLICANT'S SIGNATURE  
CERTIFIES THAT ALL INFORMATION IS CORRECT AND ATTESTS FINANCIAL RESPONSIBILITY,  
ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.**

**• PAYMENT IS DUE 30 DAYS AFTER RECEIPT OF MERCHANDISE •**

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

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_