



FAX TO 215-256-9006 - PLEASE PRINT
EMAIL TO info@advanced-orthopaedics.com

New Account Setup Form

Business Information / Bill To

Ship To

Same as Bill To

Firm Name _____
 DBA _____
 Address _____
 City _____ St. _____ Zip _____
 Owner(s) / Principal(s) _____
 Purchasing Contact _____
 Email _____
 Phone _____
 Fax _____
 Cell _____

Corporation Partnership Sole Proprietorship LLC

Name _____
 Address _____
 City _____ St. _____ Zip _____
 Acct. Payable Contact _____
 A/P Phone _____
 A/P Fax _____
 Website _____
 Email _____

Tax Information

Is business tax exempt? No Yes (if yes, check one of the boxes below)

Tax ID _____ DNB# _____

Product purchased for resale only. Please provide copy of resale certificate.

Charitable or nonprofit organization exempt from sales and/or use tax. Please provide copy of exemption certificate.

Product to be purchased is tax exempt in: Please provide copy of exemption certificate. State _____ County _____

Credit Card for File

Name on Card _____

Visa Master Card Amex

Card # _____

Exp. Date _____ / _____ / _____
 Month Year CCV Code

I (we) agree that our balance shall be computed at the rate of 1.5% per month (18% APR) on the unpaid balance. I (we) authorize Advanced Orthopaedics, Inc. to charge the unpaid balance, if not paid for by the terms of my (our) account, using the credit card on file. In the Event that it becomes necessary to assign the account for collections, I (we) agree to pay all collection costs and/or if legal action (or appeal) is required, I (we) agree to pay all attorney fees and costs that are incurred. If suit is brought, venue may be laid in the country and state of the creditor's choice. As principal, I authorize and request creditors and business references to provide information to Advanced Orthopaedics, Inc. required in conjunction with this application. I (we) have read the above terms and conditions and agree to abide by them and Certify that the information given above is complete and accurate.

Executed on this _____ day of _____, 20 _____

Signed By _____

Note: This Credit Application must be returned before any products are shipped.

Print Authorized Signature _____

Internal Use Only

Rep Code: _____ Product Packaging: _____ Freight Type: _____

Private Label: Yes No