



**ADVANCED
ORTHO**
a new day of healing™

Advanced Orthopaedics, Inc.
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Harleysville, PA 19438
800.270.7074
info@advanced-orthopaedics.com

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 _____

☐ 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 _____ MM / YY / _____ CVV Code _____

Business Credit Reference (list minimum three)

Co. Name _____

Acct # _____ Fax # _____

Co. Name _____

Acct # _____ Fax # _____

Co. Name _____

Acct # _____ Fax # _____

I (we) promise to pay my (our) account in full accordance with the terms stated on each invoice after receipt of goods as specified in terms and conditions. If this account is not paid as agreed, a delinquency charge 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