

BALLERT ORTHOPEDIC
2434 W. PETERSON AVE.
CHICAGO, IL 60659
(773) 878-2445
FAX (773) 508-6699

CREDIT APPLICATION

BUSINESS INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

FEDERAL TAX ID #: _____ TAX EXEMPT #: _____

CONTACTS

ACCOUNTS PAYABLE: _____ TEL: _____

BANKING INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME & TELEPHONE #: _____

ACCOUNT #: _____

TRADE REFERENCES

NAME: _____

ADDRESS: _____

TELEPHONE # _____ FAX #: _____

ACCOUNT # _____ CREDIT LIMIT: _____

NAME: _____

ADDRESS: _____

TELEPHONE # _____ FAX #: _____

ACCOUNT # _____ CREDIT LIMIT: _____

NAME: _____

ADDRESS: _____

TELEPHONE # _____ FAX #: _____

ACCOUNT # _____ CREDIT LIMIT: _____

The above information is for the purpose of obtaining credit and is warranted by the applicant to be true. Your signature authorizes Ballert Orthopedic to conduct a credit investigation to determine credit and financial responsibility. All information will be held in the strictest confidence.

SIGNATURE: _____ DATE: _____

PLEASE RETURN TO:

BALLERT ORTHOPEDIC
ATTN: NANCY McCLAIN
2434 W. PETERSON AVE.
CHICAGO, IL 60659
FAX: (773) 508-6699