



Credit Application

BUSINESS INFORMATION					
LEGAL NAME OF BUSINESS:			BUSINESS CONTACT:		
STREET ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
PHONE:	FAX:		EMAIL:		
DESCRIPTION OF BUSINESS:			WEBSITE:		
YEARS IN BUSINESS/DATE INCORPORATED:		STATE INCORPORATED:		FEDERAL TAX ID NUMBER:	
TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		PUBLICLY HELD? <input type="checkbox"/> Yes <input type="checkbox"/> No		STOCK SYMBOL:	
PRINCIPAL INFORMATION					
NAME:		OWNERSHIP %:	NAME:		OWNERSHIP %:
HOME ADDRESS:			HOME ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No		SOCIAL SECURITY NUMBER:	PROVIDING A GUARANTEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EQUIPMENT INFORMATION					
EQUIPMENT TYPE/MODEL:			VENDOR:		
LOCATION ADDRESS:	CITY:	STATE:	ZIP:	COUNTY:	
VENDOR SALES REPRESENTATIVE:		VENDOR CONTACT PHONE:			
EQUIPMENT PRICE (W/O TAX):		CONTRACT TERM:			
ACKNOWLEDGEMENT					
<p>By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligation, provides written instruction to Hitachi Capital America Vendor Services or its designee (and any assignee or potential assignee thereof) authorizing your banks, trade references, and other financial institutions to release credit information to Hitachi Capital America Vendor Services and review of your personal credit profile from a national credit bureau as required. Such authorization shall extend to obtaining a credit profile in considering this application subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the application received. You also represent that the information you have provided is true and accurate.</p>					
BUSINESS NAME:					
Signed: _____		Date: _____		Title: _____	
Signed: _____		Date: _____		Title: _____	

**Please fax completed application to: 305-885-4045
or email us at sales@medicaloutfitter.net**