

PLEASE REMIT TO:  
MEDI-TECH INTERNATIONAL CORP.  
26 COURT STREET – SUITE 1301 BROOKLYN, NY 11242  
(800) 333-0109 • (718) 272-6390 • Fax: (718) 272-6396  
E-mail:[clariel.francisco@medi-techintl.com](mailto:clariel.francisco@medi-techintl.com)



## **CREDIT APPLICATION**

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

ACCOUNT NAME \_\_\_\_\_ TRADING AS \_\_\_\_\_

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

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

TYPE OF OWNERSHIP: INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_

PRINCIPALS:

(1) NAME \_\_\_\_\_ SS# \_\_\_\_\_ TITLE \_\_\_\_\_

(2) NAME \_\_\_\_\_ SS# \_\_\_\_\_ TITLE \_\_\_\_\_

(3) NAME \_\_\_\_\_ SS# \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS OF PRINCIPAL OR OWNER:

\_\_\_\_\_

PHONE# \_\_\_\_\_

TRADE REFERENCES:

(1) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

(2) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

(3) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

BANK REFERENCES:

(1) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

(2) NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

We hereby request an open account with MEDI-TECH INTERNATIONAL CORP. and affirm that the above information is true. If the customer is a corporation, the individual officer signing this application on behalf of the corporation hereby personally guarantees the continuing obligation of the corporation and the prompt payment of all obligations if the proportion due MEDI-TECH INTERNATIONAL CORP. within the terms established at the time of sale.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_

The first order for a new account is C.O.D. or by Company Credit Card. The time required to check credit for a new account is approximately (2) two weeks. All of the above information must be filled in for this applicant to be considered for an open account. Thank You.