

All information must be filled out completely to avoid unnecessary delay in account determination.

Business Name

Business Address City State Zip

Business Phone () FAX # () Web Site

Starting Date of Business How long at this location? Email

Previous address:

(circle one) Business is a Proprietorship, Partnership, LLC, Corporation. Federal ID#

Owners/Officers Name Title Name Title

Home SS# Home SS#

City/St Zip City/St Zip

Type of business: (i.e. DME, BTQ) Will you retail the products?

Fitter/Title or Contact name for customer referrals:

Have you previously established credit under this or another assumed business name with Ladies First, Inc.? Y N

If so, please explain

Accounts Payable contact and telephone: Do you use purchase orders? Y N

Billing Name, Address, Telephone:

(If different from above)

Shipping Name, Address, Telephone:

(If different from above)

The terms and conditions of this application shall, upon extension of credit by Ladies First, Inc. constitute an agreement of sale. The applicant agrees to be bound to the terms and conditions stated in this application. The payment for all sales of goods or services will be according to the terms stated on the Company's invoice. The failure to pay on the due date of each invoice shall deem the debt to be delinquent. A late charge of 2% per month, 24% per year will be assessed on all accounts 31 days past due. Orders from delinquent accounts may be shipped COD with delinquent amount included. In the event account is placed with collections Ladies First reserves the right to recover all collection and attorney fees incurred. If this business is a Corporation or Limited Liability Company, the above stated officers or business owner(s) will be personally liable for all charges incurred. Applicant certifies under the penalty of perjury that the statements contained in this application are true and correct. Applicant hereby authorizes the listed banks and suppliers to release all information requested.

Authorized Signature Title

Print Full Name Date

Complete the Following Information Or Attach Trade References Attached

Principal Trade Suppliers

Name Street City ST Zip Telephone Fax Acct #

Table with 8 columns: Name, Street, City, ST, Zip, Telephone, Fax, Acct #. Multiple rows for listing suppliers.

Banking References - Include Bank Name, Address, Branch, Phone #, Account #, and Contact Person

Blank lines for entering banking references.

Payment Options: C.O.D. Credit Card (Visa/AmericanExpress/Discover/Mastercard) Terms Account - See Below
Applicant Personal Guaranty [Not required if you choose C.O.D. or Credit Card payment option.]

The undersigned individual(s) in consideration of Ladies First, Inc., extension of credit to the Applicant, hereby agrees to personally guarantee any and all obligations of the Applicant to Ladies First, Inc. This guaranty shall be continuing and unlimited and may be terminated only on thirty days written notice to Ladies First, Inc. The undersigned waives notice of default and non-payment and consents to the extension or modification of credit terms to the Applicant without notice.

Date

Guarantor Signature Witness

Print Full Name SS# Print Full Name