



APPLICATION FOR CREDIT

Please complete form in its entirety and return to RUSH™ Foot Customer Service either by fax or email: [orders@abilitydynamics.com](mailto:orders@abilitydynamics.com) fax: 480-361-4526

Do you require P.O.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Firm Legal Name: \_\_\_\_\_

Customer DBA Names: \_\_\_\_\_

DUN & Bradstreet (DUNS) Number: \_\_\_\_\_ Country of Ultimate Destinations: \_\_\_\_\_

Street Address (No P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Accounts Payable Phone: \_\_\_\_\_

Contact person regarding payment: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Non-Profit  
Parent Corporation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Subsidiary \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_ Affiliate

Federal Tax ID (EIN) No.: \_\_\_\_\_ State Sales Tax Resale No.: \_\_\_\_\_

Primary Bank: Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Bank Officer Contact: \_\_\_\_\_

Loan Acct # \_\_\_\_\_ Checking Acct # \_\_\_\_\_

Trade References (Complete only if you are not including your own reference sheet):

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned certifies the above information to be accurate and correct, that it is submitted for the purpose of obtaining extensions of credit, and agrees to all of the terms and conditions of sale with Ability Dynamics, LLC.

Signature of Officer/Owner \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Faxed by: \_\_\_\_\_

Date: \_\_\_\_\_

CREDIT DEPT. USE:

Total Credit Limit Authorized

\$ \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_



**PRINCIPALS (Key Owners/Officers)**

- 1. Name \_\_\_\_\_ Position \_\_\_\_\_ % of Ownership \_\_\_\_\_
- 2. Name \_\_\_\_\_ Position \_\_\_\_\_ % of Ownership \_\_\_\_\_
- 3. Name \_\_\_\_\_ Position \_\_\_\_\_ % of Ownership \_\_\_\_\_

Other Business Name(s) of Principals:

\_\_\_\_\_

**Credit terms of sale:**

**Payment Terms:** Unless stated differently on your invoices, our normal terms of sale are that all invoices are due and payable in full within 30 days from invoice dates.

**Late Payment Service Charges:** An amount of 1% of the unpaid balances of all invoices paid after our net 30 day terms may be assessed as late payment service charge.

**Collection and Legal Costs:** Customer by signing this credit application agrees that, should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including but not limited to collection agency fees, reasonable attorney or other legal fees, court costs, lien filing fees and any other collection costs will be paid by the customer.

**Customer's Certifications (Please answer "YES" or "NO" to each of below questions):** Optional if most recent audited financial statements, i.e., annual report and form 10Q are provided.

- 1. Are you now doing business under other names, or have you ever in the past operated business under any names not shown on this credit application?     YES     NO
- 2. Has the signee of this application or other principals of this company ever in the past been involved in any business or personal bankruptcy?     YES     NO
- 3. Have any of the firm's principals been involved in any business legal action within the past five years, or are they now involved in pending legal matters?     YES     NO
- 4. Is your company, or any of its principals, currently a guarantor or co-signer on any other firm's or individual's debts or other obligations?     YES     NO

For the express purpose of obtaining the credit line requested in this application, the undersigned hereby authorizes the supplier to contact any party shown on this application or use any other sources of credit information to verify information shown, or obtain any information needed to establish our credit line. The regulations, including the consumer credit protection act of 1968 with all amendments, for the specific purpose of obtaining this credit line.

**Principals' Signatures:**

Signature _____	Signature _____	Signature _____
Printed Name _____	Printed Name _____	Printed Name _____
(Personal as an individual)	(Personal as an individual)	(Personal as an individual)
Date Signed _____	Date Signed _____	Date Signed _____