



22 Beaumont Lane  
 Lake Grove, NY 11755  
 631-379-8390 ©  
 631-677-3400 (f)  
 info@compassmedicalequipment.com

**CREDIT APPLICATION**      Date \_\_\_\_\_

LESSEE FULL COMPANY NAME:	DATE ESTABLISHED UNDER CURRENT OWNERSHIP
LESSEE FULL COMPANY ADDRESS	TELEPHONE NO. (      )
CITY                      STATE              ZIP	FAX NO. (      )
TRADE STYLE OR NAME	FEDERAL TAX NO.
TYPE OF BUSINESS	LESSEE CONTACT:
PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>	

BANK	CITY/STATE	PHONE NO.	TYPE ACCOUNT	CONTACT	ACCOUNT #
1.					
2.					

TRADE OR FINANCE REFERENCES	CITY/STATE	PHONE NO.	CONTACT	ACCOUNT #
1.				
2.				
3.				

**PERSONAL INFORMATION (PRINCIPALS OR GUARANTORS)**

	(1)	(2)	(3)
NAME			
STREET			
CITY, STATE, ZIP			
TELEPHONE NUMBER	(      )	(      )	(      )
SOCIAL SECURITY NO.			
% OF OWNERSHIP			

*"Leading the medical equipment industry for more than 10 years"*



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**VENDOR INFORMATION**

VENDOR NAME ZIP	ADDRESS	CITY	STATE
CONTACT	RESALE NO.	TELEPHONE NO. (      )	
EQUIPMENT DESCRIPTION NEW <input type="checkbox"/> USED <input type="checkbox"/>	TERM	INVOICE TOTAL W/OUT TAX \$	

**CREDIT RELEASE**

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Compass Medical Equipment, Inc. or its designee (and any assignee or potential assignee thereof) authoring review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and additional 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 above application.

Name: \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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