



CUSTOMER CREDIT APPLICATION FORM & AGREEMENT

Business Information:

Company Name:
Billing Address: City State Zip
Phone: Fax: Federal Tax ID:
Fla. Sales Tax Resale # Yrs in Business: Nature of Business:
Date Business Started: Nature of Business:
Type of Entity: Corporation Partnership Sole Proprietorship Other
Purchase Orders Required? Purchasing Manager:

Bank Information

1. Bank Name: Account #: Phone:
Address City ST Zip Contact:

Credit References

1. Business Name: Phone:
Contact Name: Fax:
2. Business Name: Phone:
Contact Name: Fax:

Owner/Officers: Title SS#
Home Address: City State Zip
Home Phone: Drivers License # (State)

Any and all information is held in the strictest confidence.

Open Account Terms and Conditions

Bank Name: Phone#:
Account #: Contact:

Terms: Invoices are payable within 30 days of invoice date. Proof of delivery must be requested within 21 days of invoice date on all normal delivery, express delivery must be requested within 10 days of invoice date. A finance charge of 1.5% per month will be assessed on all balances outstanding past terms. Returned merchandise will be refunded the full amount for unopened boxes within a period of 14 days. The undersigned assures that the information contained above is true and correct; and furthermore, hereby authorizes the release of information from the listed credit references and banking institution to MedGluv Inc. In consideration of MedGluv Inc. extending credit to the above applicant the undersigned personally guarantees the payment of any and all future obligations which may be owed to MedGluv Inc. as well as interest and reasonable Attorney fees. Venue and jurisdiction for all actions necessary to enforce this agreement shall be held in Broward County, Florida.

BY COMPLETING AND RETURNING THIS APPLICATION TO MEDGLUV INC. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY MEDGLUV OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT

SIGNATURE PRINT NAME TITLE DATE

Sales Rep Credit Limit Account No. Date:
(For Official Use Only)

D & B Rating Approved by