



# Wilburn Medical USA

**1-877-WILBURN (1-877-945-2876)**

146 Furlong Industrial Drive  
Kernersville, NC 27284

1-866-FAXWILBURN (1-866-329-9452)

[WilburnMedical.com](http://WilburnMedical.com)

## CREDIT APPLICATION

Fax this application to

1-866-FAXWILBURN

(1-866-329-9452)

### COMPANY INFORMATION

#### About your company:

#### Ship to (if different)

Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Ship to \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### ADDITIONAL INFORMATION

Tax ID # \_\_\_\_\_

#### Banking Information

Owner's Name \_\_\_\_\_  
 Soc. Sec # \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Bank Name \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### CREDIT REFERENCES

#### Credit Reference #1:

#### Credit Reference #2:

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

#### Credit Reference #3:

#### Comments

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

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 .....  
 .....

*Wilburn Medical USA reserves the right to use the customer's credit card on file for payment if the invoiced amount is not satisfied within the invoice terms, and this signature acknowledges approval by the customer.*

Signature \_\_\_\_\_

Required