



Wilburn Medical, Inc.
WilburnMedicalUSA.com
1-877-WILBURN (1-877-945-2876)
140 Furlong Industrial Drive
Kernersville, NC 27284

CREDIT APPLICATION
 Fax this application to
1-336-992-0847 or
 E-mail to
wusainfo@wilburnmedical.com

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 _____
 Contact Name _____

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.
The undersigned agrees to and enters into a personal guarantee with Wilburn Medical USA to guarantee all and any payments due to us from the Company.

Signature _____

Required