Office Use Only	Acct#:	
	Limit:	
Office	Status:	
)		

ate:	MRIequip.com

	Credit Applicatio	on and Agreement		
<u>Company Info</u>				
Account Name:		Full Legal Name:		
Type of Business:				
Billing Address:				
Shipping Address:				
Phone #:		Contact:		
email:		Parent Company (if any):		
Credit Limit Requested:		Year Established:	Years at Present Location:	
<u>Principle Owners</u>				
1. Name		Title:		
Home Address:				
Phone:				
2. Home Address				
Phone:	***** C . 14	1 10 10		
Bank Info.		hment for additional Owners		
Bank Name:		ema		
Phone:	Contact:	Acco	unt #:	
City:		State, Zip:		
<u>Trade References</u>				
1. Name	Contact:	Phone #:	email:	
Address:			Account #:	
2. Name:	Contact	Phone #:	email:	
Address			Account #:	
3. Name	Contact:	Phone #:	email:	
Address:			Account #:	
Credit Terms and Condition	Business Registration #		VAT #	
<b>MRIequip.com</b> credit terms are Payments become due 45 days a	Net 45 Days (10% Discount if paid w fter the invoice date, if the order is co	omplete or not. Shipments will	urrent accounts. 2% applies to <u>merchandise only.</u> be held if an account contains invoices over 45 days of fees must be paid in full before an account can be	lue.

reopened. I/We understand and agree that the information provided is for the purpose of obtaining merchandise on credit. I/We further understand and agree that all accounts or monies due to **MRIequip.com** shall be paid in accordance with the credit terms stated above and agree to pay all costs of collection and interest, in addition to any court and/or attorney fees incurred. I/We authorize investigation of all credit references listed.

Ву:		Signature:	Date:			
	Name & Title (Please Print)					
****Send Most Recent conv of Financial Statement. Required for Onen Accounts****						