



TO:

DATE:

ATTN:

PAGE: 1 OF 2

FROM:

SUBJECT: CREDIT APPLICATION –Reference PO#:

BeaconMedæS, LLC appreciates your interest in purchasing our products and/or services. In order to expedite your order and to properly evaluate the opportunity to provide open credit terms for your purchase(s), we ask that you complete the attached credit application. **Our standard terms of sale* are Net 45 days.**

In order to process your request for credit, please note the following:

- **All** information requested on the credit application must be provided. You may reference an attached credit reference sheet, but any requested information not included on your credit reference sheet must be indicated on the credit application itself (for example and specifically, credit limit requested and accounts payable contact). Fax numbers of credit references are very important in expediting the credit approval process. **If you use a credit reference sheet, you must sign and return our credit application showing that you agree to our terms of sale. It is our company policy that we have a signed credit application on file for each account.**
- The credit application **must** be signed by an authorized individual of your organization **acknowledging and accepting our terms of credit** (if granted); **along with credit references within the range of credit you are seeking from us.**
- **If you are claiming exemption on sales tax, please be sure to attach a properly completed sales tax exemption certificate.**
- To expedite the credit review process, the completed credit application can be faxed to the attention of the Credit Department at (803) 817-5765.
- The **original** completed credit application should also be mailed to:

BeaconMedæS, LLC
ATTN: Credit Department
1059 Paragon Way
Rock Hill, SC 29730

Please Remit Payments To:

BeaconMedæS, LLC
Dept 3234 (Lockbox)
PO Box 123234
Dallas, TX 75312-3234

If you have any questions or need any assistance in regards to the completion of the attached credit application, please give me a call at (803) 817-5600

***Lien releases (upon request) will only be issued once payment has been received and cleared by our bank.**



CONFIDENTIAL CREDIT APPLICATION

COMPANY FACTS:

Company Name:					Date:										
Mailing Address					Shipping Address										
Street/PO Box					Street/PO Box										
City			State		Zip		City			State		Zip			
Ph. ()				Fax ()				Ph. ()				Fax ()			
Company Email Address						Email Address for Invoicing									

BUSINESS FACTS:

Please check one: Proprietorship Partnership Corporation Limited Liability Corp. Other _____

Nature of Business _____

Date Business Started			Federal ID#			Number of Employees		
Do you require Purchase Orders? Yes No			A/P Contact Name					
A/P Ph. ()			A/P Email Address					

***Are the purchases sales tax exempt? Yes No (IF YES, PLEASE RETURN PROPER EXEMPTION CERTIFICATE WITH APPLICATION)**

Credit Limit Requested (\$) _____ (Note: We may require that financial statements accompany this application)

OFFICERS/ OWNERS INFORMATION:

Pres./Owner					VP/Owner										
Social Security No.					Social Security No.										
Street/PO Box					Street/PO Box										
City			State		Zip		City			State		Zip			
Ph. ()				Fax ()				Ph. ()				Fax ()			

BANK REFERENCE:

Bank				Contact				Ph. ()					
Street				City				State		Zip			
Checking Acct. #				Savings Acct. #				Other					

TRADE REFERENCES: (Please list three Trades currently extending credit comparable to credit limit requested from BeaconMedaes.)

Company				Ph. ()				Fax. ()					
Street				City				State		Zip			
Company				Ph. ()				Fax. ()					
Street				City				State		Zip			
Company				Ph. ()				Fax. ()					
Street				City				State		Zip			

This Credit Application is submitted for the purpose of allowing **BeaconMedaes LLC(BeaconMedaes)** to assess and/or continue to assess credit on Applicant. Applicant hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. Applicant authorizes **BeaconMedaes** to investigate our credit history, trade and bank references, and any information deemed necessary to extend credit. Applicant further authorizes any bank or commercial business with which Applicant is doing or has done any business to give any information to **BeaconMedaes** that will assist **BeaconMedaes** in its credit investigation. Applicant agrees that if goods are sold to Applicant on credit, payment shall be due within forty-five (45) days after date of invoice (unless otherwise specified) and all past due invoices will bear interest on the unpaid balance at the rate of 1 1/2% per month (or the maximum allowable by law, whichever is less). Applicant agrees **BeaconMedaes** has the right to refuse future extensions of credit to Applicant if Applicant fails to comply with any terms or conditions applicable to a sale to Applicant. If the account is placed for collection, the Applicant agrees to pay all costs and expenses of collection, including (without limitation) reasonable attorney fees, court costs, and any contingency fees paid to a collection agent. Applicant agrees that in consideration for the extension of credit, all orders by Applicant to purchase goods from BeaconMedaes will be on BeaconMedaes' terms and conditions and no inconsistent, modified or additional terms proposed by Applicant will be binding on BeaconMedaes. By signing, Applicant agrees to BeaconMedaes' Terms and Conditions and Business Code of Practice available at: <https://www.beaconmedaes.com/en/customer-service/credit-application>

DEALER USE ONLY

Selling Price	\$	Type:	<input type="checkbox"/> Loan	<input type="checkbox"/> Lease
Tax (+)	\$	Factor % of PMT Amt:		
Down Payment/ Trade-In Value (-)	\$	Interest Rate Requested:		
Document Fees	\$+350.00	* Nothing contained herein constitutes a lending commitment by BeaconMedaes and terms subject to credit approval.		
Finance Amount	\$			

SIGNATURE REQUIRED TO PROCESS ORDERS

Signature of Officer, Partner or Owner: _____

Print Name: _____

Title: _____

Date: _____