

CREDIT APPLICATION

*** Required Fields**

* Customer Name: _____

* Billing Address _____

* Shipping Address _____

* Phone: _____

* Contact: _____

Accounts Payable (Contact Info): _____

Please mark one of the following: _____ Corporation _____ Partnership _____ Sole Proprietor

* Tax I.D. _____ Yrs. _____ * Type of Business _____

* Tax Exempt _____ Yes _____ No **(If yes, please include Tax Exempt Certificate with application)**

DBA's/ Trade Styles Used: _____

Guarantor (s): _____

REFERENCES

* Banking:

Bank #1: _____ Bank Officer: _____

Address/ Branch: _____

Phone: _____ Type of Account: _____

Checking No: _____ Savings No: _____

Bank #2: _____ Bank Officer: _____

Address/ Branch: _____

Phone: _____ Type of Account: _____

Checking No: _____ Savings No: _____

Bank #3: _____ Bank Officer: _____

Address/ Branch: _____

Phone: _____ Type of Account: _____

Checking No: _____ Savings No: _____

* Trade:

Trade #1: _____

Name	Address	Phone	Acct #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade #2: _____

Trade #3: _____

Trade #4: _____

Name, Res. Address, Telephone Numbers of Principles/Officers & Social Security Numbers.

1.) _____

2.) _____

3.) _____

4.) _____

I UNDERSTAND THAT PAYMENT IS DUE 30 DAYS AFTER SHIPMENT AND AGREE TO ABIDE BY THESE TERMS.

NO EXCEPTIONS WILL BE MADE UNLESS THEY ARE SET FORTH IN WRITING AND SIGNED BY THE CREDIT MANAGER OF STRYKER CORPORATION.

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORIZES STRYKER CORPORATION TO COMPLETE CREDIT INVESTIGATION.

* Signature, Title _____ Date _____

Submit completed application via email or fax

email: CustomerMaster@Stryker.com Fax: (408) 754 - 2908

Questions: Contact (800) 435 - 0220 ask for Credit & Collections