

NEW ACCOUNT APPLICATION — Fax to: 610-683-6470



Please complete the following application. Upon receipt and approval, SOLO Laboratories, Inc. will be pleased to process your orders.

Name _____ Practice _____

Billing Address _____ Mailing Address _____

City State Zip _____ City State Zip _____

Practice Manager _____ Medical Assistant _____

Phone _____ Fax _____ Email _____

Amount of Credit Requested _____ Estimated Monthly Volume _____

How did you hear about us? _____

Do you have a TOMCAT foot scanner in your practice? _____ If no, are you interested in a TOMCAT foot scanner? _____

Name (printed) _____ Title _____

Authorized Signature _____ Date _____

Has the company, or any of its principals, ever had a judgment filed against it/them, or been declared insolvent or bankrupt? Yes No
If yes, please explain, in detail, whom the judgments were against or who was declared insolvent or bankrupt, including docket numbers and dates.

Note: Application must be signed by owner/principal for credit consideration. The undersigned grants permission to SOLO Laboratories, Inc. to access any credit information available on their company and/or principals in order to establish a credit account. All credit information will be available for review by the company if so requested in writing. All information is held in the strictest confidence. By signing this application, the undersigned acknowledges: that all information supplied is true and correct to the best of your knowledge; that you understand that our terms for payment of invoices are due within THIRTY (30) DAYS from the date of invoice; that you agree to pay 1.5% per month service charge if payment is received more than 30 days from the invoice date; that you are authorized to accept these terms on behalf of the company named herein; that a facsimile of this form and your signature carry the same weight and force as an original signature. Applicant agrees that if accounts are not promptly paid when due, the Applicant's name may be listed in any collection or credit rating file. If applicant's account is referred to collection to an attorney or agency, Applicant will pay reasonable attorney's fees of FIFTEEN PERCENT (15%) of the sum owed, or FIVE HUNDRED DOLLARS (\$500.00), whichever is greater, and costs of collection. Applicant agrees to pay a THIRTY DOLLAR (\$30.00) bad check charge for each returned check. If this application is approved and credit is extended, the Applicant shall be deemed to have agreed to SOLO's terms and conditions. Until such time that SOLO Laboratories, Inc. has approved credit for the Applicant, advance payments may be required. The undersigned, (in his/her individual capacity) as the principal of the company seeking the extension of credit, realizes the importance and value of credit being extended to the business, and as a result does personally guarantee payment for any credit extended to the company.

Please provide at least 3 Current Trade References to be considered for Net 30 day terms

Company Name _____ Company Name _____

Address _____ Address _____

City State Zip _____ City State Zip _____

Phone _____ Fax _____ Phone _____ Fax _____

Company Name _____ Company Name _____

Address _____ Address _____

City State Zip _____ City State Zip _____

Phone _____ Fax _____ Phone _____ Fax _____

Or Complete Credit Card Information

Please Circle One: MC Visa Disc AmEx

Card # _____

Exp Date _____ Security Code _____

Name on Card _____

Billing Address _____

City State Zip _____

Credit Card Agreement Policy
For the convenience of our customers, SOLO Laboratories, Inc accepts payments for services rendered by Mastercard, Visa, Discover & American Express. Terms are:
1. Credit Cards are automatically charged as each shipment is made.
2. All Previous balances must be brought up-to-date for the cc policy to be put into effect. Any previous balance can be paid in full or added onto the credit card.
3. You will notify SOLO Laboratories, Inc if there are any changes to the information on file.