



New Account/Credit Application:

Business Information:

Business Name: _____ EIN#: _____

Practitioner's Name: _____ Office Manager: _____

Annual Revenues: _____ State of Incorporation: _____ Years in Business: _____

Billing Information:

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Accounts Payable Contact: _____

Email _____

Shipping Information (if different than billing info):

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Shipping Terms Req. _____

Brands Applying For: (Please Check)

- APEX
- ARIZONA AFO
- LANGER BIOMECHANICS
- PEDALIGN
- SAFESTEP*
- THE ORTHOTIC GROUP

Line of Credit Requested \$ _____ Anticipated Monthly Sales Volume with OHI \$ _____

Do you wish to pay by Credit Card? Yes No

Automatic Monthly Debit? Yes** No

ACH/Check by Phone? Routing# _____ Account# _____

If Yes:

Name on Card _____ Card# _____ - _____ - _____ - _____

Exp Date ____ / ____ Security Code _____ Zip Code for Card _____

If No: Terms are Net 30 days from invoice date unless otherwise specified pending a successful credit check.

Email for Monthly Statement _____

* A Credit Card is required for unless otherwise specified.

** OHI will waive credit check in lieu of automatic monthly debit (on or about the 15th of each month)





Bank Reference:

Bank _____ Branch Location _____ Phone _____
Contact _____ Email _____ Type of account _____

Vendor/Trade References:

Company Name _____ Phone _____ Email _____
Company Name _____ Phone _____ Email _____

We herein make application to Orthotic Holdings Inc (O.H.I) and it's affiliates for credit and/or to update and reconfirm our existing accounts and balances with O.H.I or it's affiliates. If credit is granted, we promise to pay all bills when rendered within the credit terms specified. Past due accounts are subject to service charges of 1.5% per month (18% per annual). Bounced checks are subject to a \$25.00 processing fee. In the event of default, and this account is referred for collection, we will pay costs of collection. This is a commercial account and goods and services delivered to your business are a commercial transaction as defined by New York law. By signing below, I agree to be personally liable for all outstanding charges incurred on this account in the event the company is bankrupt, sold, or becomes insolvent. Also, we understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that in the event of suit or action, by either party, it shall take place exclusively in Suffolk County New York at the option of O.H.I and shall be governed by New York law. Customer understands they are waiving their right to litigate outside of Suffolk County New York. Applicants consent to O.H.I and it's affiliates to verify and or supplement the information stated hereon. Applicant acknowledges that by providing credit card and or checking account information, permission is granted to charge purchases to the card or checking account stated above.

THIS CREDIT APPLICATION AGREEMENT IS SUBMITTED BY APPLICANT TO OBTAIN TRADE CREDIT. THE UNDERSIGNED ACKNOWLEDGES THAT CREDIT EXTENDED HEREUNDER SHALL BE USED SOLELY FOR BUSINESS PURPOSES. THE UNDERSIGNED EXPRESSLY AUTHORIZES ORTHOTIC HOLDINGS INC. AND ITS AFFILIATES, TO OBTAIN PERSONAL CREDIT REPORTS ON THE UNDERSIGNED AND THE RELATED BUSINESS FOR USE IN EVALUATING THIS APPLICATION. THE UNDERSIGNED UNDERSTANDS THAT A PERSONAL CONSUMER CREDIT REPORT MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION AND / OR GUARANTY, AND SUBSEQUENT CONSUMER REPORTS IN CONNECTION WITH THE REVIEW OF EXISTING OR FUTURE EXTENSIONS OF CREDIT, AND HEREBY AUTHORIZES SAME. ORTHOTIC HOLDINGS INC. RESERVES THE RIGHT TO CANCEL CREDIT TERMS AT ANY TIME FOR ANY REASON AND RESERVES THE RIGHT TO DEMAND PAYMENT IN FULL IN THE EVENT THIS AGREEMENT IS IN DEFAULT.

We have read and agree to the terms and conditions, and we certify that the information supplied is true and correct to the best of our knowledge.

Owner / Principal / Authorized Officer:

Name (Printed) _____ Title _____

Signature _____ Date _____

