O.R. KIDZONE, LLC.
P.O. Box 9495
Fleming Island, FL 32006-9495
"Promoting A Positive Perioperative Experience"

Business/Fax #: 904-529-9952 E Mail: orkidzone@bellsouth.net
Web Site: www.orkidzone.com
Contact: Mignon Marie Perry, R.N.

APPLICATION FOR CREDIT

Company Name:_____
Mailing Address:_____
City:_____ State:___Zip:_____ City:_____ State:___ Zip:_____
Office Phone:____-____-_____ Fax# ____-_____-_____
Type of Business: Corporation_____ Partnership_____ Individual _____
Description of Business: _____
Years in Business: _____ Purchase Order Required? Yes _____ No _____
Taxable? Yes____ No _____ Florida Sales Tax Number: _____
Certificate Required
Federal I.D. or Social Security Number: _____

NAME OF PRINCIPALS AND CONTACT PERSONNEL

1) _____ _____ _____
Name City, State, Zip Phone
2) _____ _____ _____
Name City, State, Zip Phone

Accounts Payable Contact: _____ Phone _____

BANK REFERENCE AND BUSINESS (TRADE) REFERENCES

Name of Bank: _____ Phone _____
Bank's Address: _____ City _____ State ____ Zip_____
Contact Person: _____ Phone_____

	Company Name	City	State	Zip	Phone	Acct #
1)						
2)						
3)						
4)						
5)						

I authorize O.R. KIDZONE, LLC. to obtain, if you desire, a written or oral credit report from any credit-reporting agency. I authorize my bank (s) and supplier (s) to release any and all information O.R. KIDZONE, LLC. deems necessary to complete a credit investigation.

TERMS OF SALE

Purchases are due 20 days from invoice date. Payments not received within 20 days of invoice date are considered delinquent and no additional orders will be performed until payment is made in full. Delinquent accounts may be referred for collection and the customer will pay any and all collection costs including attorney's fees. The undersigned has read and agreed to O.R.KIDZONE, LLC.'s terms of sales and personally guarantees payment of all sales to above named Corporation.

_____ _____ _____
Signature Title Date