



## Credit Application & Account Profile

Account Number:		
<b>FIRM</b>		
Name:		
Address:		
Address:		E-mail Address:
City:	State:	Zip:
Telephone:	Fax:	No. of Years at Address:
<b>OWNERSHIP</b>		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit Corp.		
Name(s) of Principal(s):		Title:
Home Address:		
Social Security Number:		Federal I.D.
Name(s) of Principal(s):		Title:
Home Address:		
Social Security Number:		Federal I.D.:
<i>Use separate sheet to list all additional principals.</i>		
<b>PROFILE</b>		
<input type="checkbox"/> Hearing Aid Specialist <input type="checkbox"/> Audiologist <input type="checkbox"/> Medical Specialist <input type="checkbox"/> Other (Specify)		
License No.:		Date of License:
No. Of Years in the Hearing Field:		
Have you ever had an account with Audina before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Account Number:
Services Requested:		
Special Instructions:		
Sub Office(s):		

**TRADE REFERENCES**

Business Name:	Account Number:
Address:	
Business Name:	Account Number:
Address:	
Business Name:	Account Number:
Address:	
Business Name:	Account Number:
Address:	

**BANKS**

Bank Name:	Bank Phone:
Address:	Account Number:
Bank Name:	Bank Phone:
Address:	Account Number:

The undersigned certifies: the information on this form is correct; the undersigned understands all credit terms (see Policies and Procedures form) and agrees to proper payment in consideration of extended credit. The undersigned authorizes Audina Hearing Instruments, Inc. to contact any source necessary, including consumer information sources, to determine credit and financial responsibility. The undersigned agrees to notify Audina Hearing Instruments, Inc. immediately, in writing, of any change in business or corporation name, principle(s), and/or in the location of its primary office. The undersigned understands and agrees that the undersigned is transacting business in the state of Florida by making credit purchases from Audina Hearing Instruments, Inc. The transactions between the undersigned and Audina Hearing Instruments, Inc. is subject to the jurisdiction, rules and procedures of the Florida Courts and Florida Statutes. If payment terms are not met, applicant agrees to pay all attorneys and court costs incurred to collect said balance.

Date:	Signature(s):	Signature(s):
	Print:	Print:

**PERSONAL GUARANTY**

For and in consideration of Audina Hearing Instruments, Inc. credit at my request to the above listed company, the undersigned does hereby personally guarantee to Audina Hearing Instruments, Inc. the payment at Longwood, Florida of any obligation of the company whenever the company shall fail to pay same. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the company. The undersigned does hereby waive notice to default; nonpayment, and notice thereof consent to any modification or renewal of the credit agreement hereby guaranteed.

Date:	Signature(s):	Signature(s):
	Print:	Print: