

# Credit Application

*International*

Date \_\_\_\_\_

Company name \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Shipping address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Names and titles of officers, partners or owners:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Credit references (*current suppliers that you have open payment terms with*):

1. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

2. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

3. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Bank reference \_\_\_\_\_ Account # \_\_\_\_\_

Contact person \_\_\_\_\_ Fax # \_\_\_\_\_

Anticipated credit needs \$ \_\_\_\_\_

I hereby certify that the above information is correct, and I authorize the release of credit information to CIVCO Radiotherapy by our banks, trade references, and financial institutions. Customer agrees to make payment in full for all amounts due within the terms stated on each invoice.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

In consideration of the credit extended, the undersigned jointly and severally unconditionally guarantee the payment of any outstanding invoices, including interest and all costs, expenses, and attorney fees incurred in its collection and enforcement. We waive presentment, demand, protest, and notice of dishonor.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



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