

**Endure Medical Inc.**  
**1455 Ventura Drive**  
**Cumming, GA 30040**

**ATTENTION:**

- **For Purchase Order Customers** – Please **COMPLETE** and **FAX** to Endure Medical Inc. at (770) 888-3991.  
If you have any Questions, **CALL** (770) 888-3755 (Customer Service)

**COMPANY NAME:**

Check if Doing Business As (DBA) Name

DBA Name: \_\_\_\_\_

**BILLING ADDRESS INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Region/Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIPPING ADDRESS INFORMATION:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Region/Province: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS CLASSIFICATION (check one of the following and provide related information):**

- Corporation      State Incorporated In: | \_\_\_\_\_ |
- Partnership
- Sole Proprietorship

Tax Identification Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## TRADE REFERENCES

<b>TRADE REFERENCE INFORMATION:</b>	Company Name:	
Address: _____		
City: _____	State: _____	Zip Code: _____
Region/Province: _____	Country: _____	
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	Email: _____

<b>TRADE REFERENCE INFORMATION:</b>	Company Name:	
Address: _____		
City: _____	State: _____	Zip Code: _____
Region/Province: _____	Country: _____	
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	Email: _____

<b>TRADE REFERENCE INFORMATION:</b>	Company Name:	
Address: _____		
City: _____	State: _____	Zip Code: _____
Region/Province: _____	Country: _____	
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	Email: _____

<b>FINACIAL REFERENCE INFORMATION:</b>	Company Name:	
Address: _____		
City: _____	State: _____	Zip Code: _____
Region/Province: _____	Country: _____	
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	Email: _____

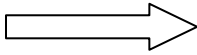
**CREDIT TERMS**

- Net due within 30 days of the invoice date.
- Accounts may be placed on hold for any account balance open beyond 45 days.
- Interest rate of 1-1/2% per month may be charged on past due accounts.
- Customer may be required to pay reasonable collection costs, including attorney's fees and court costs, in the event of default on the account.

I or we agree to the invoice terms as listed above.

I or we hereby authorize the person or firm to whom this application is made, any credit bureau, or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility.

**MUST BE SIGNED**  
**Company Officer**



\_\_\_\_\_

Date

**Printed Name**

\_\_\_\_\_

**OFFICE USE ONLY**

Entered as:

\_\_\_\_\_

Customer Type:

\_\_\_\_\_

Entered by / Date:

\_\_\_\_\_

Approved by / Date:

\_\_\_\_\_