



Revolution Mobility
 3072 Inland Empire Blvd., Ontario, CA 91764
 Phone: (909) 980-2259 Fax: (909) 980-2269
 www.RevolutionMobility.com

Business Credit Application
 (Application must be completed in its Entirety)

Company Information

Name of Company/Applicant:		Years Established/Date Incorporated:	
Legal form under which business operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
Medicare Supplier Number:		Resale/HMDR number	Taxpayer ID #:
Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No		By which accreditation company:	Date:
If Division/Subsidiary, Name of Parent Company:		Years Established:	
Address:			
City:	State:	Zip:	Phone:
			Fax:

Principal(s) Information: Name, Titles, Addresses and Social Security No. of Corporate Officers or Owners

Name of Principal (A):		Title:	SS#
Address:		Home Phone:	
City:	State:	Zip:	Email:
Name of Principal (B):		Title:	SS#
Address:		Home Phone:	
City:	State:	Zip:	Email:

Bank Reference

Institution Name:		Institution Name:	
Checking Account No.		Checking Account No.	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:

Credit Information

Have you or your business ever filed bankruptcy? Yes No If yes, what chapter of bankruptcy was filed: _____
 Date filed: _____ Date discharged: _____ Total amount discharged by bankruptcy: _____

Trade References (recognized wholesalers)

Company Name:	Company Name:	Company Name:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account opened since:	Account opened since:	Account opened since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate and is provided to induce Major's Wholesale Medical Supply, LLC. and/or its designated lease/financing company to extend credit to applicant. My company and I hereby authorize Major's Wholesale Medical Supply, LLC. and its representatives to make such credit investigations as it deems necessary, including contacting the above references, banks and obtaining credit reports, in order to determine my eligibility for credit, renewal of credit, and future extensions of credit. My company and I authorize the trade references, financial institutions and credit reporting agencies to disclose to Major's Wholesale Medical Supply, LLC. or its representatives any and all information concerning the financial and credit history pertaining to my company and myself. General Terms and PERSONAL GUARANTEE: To induce Major's Wholesale Medical Supply, LLC. (Creditor) to enter into this credit agreement, the undersigned unconditionally, personally and individually guarantees to Major's Wholesale Medical Supply, LLC the prompt payment when due of all applicant's obligations and sums owed pursuant to this Agreement. **The undersigned agrees to pay all attorney fees and other expenses incurred by creditor by reasons of applicant's default.** The undersigned waives notice of the acceptance hereof and of all other notices or demands of any kind of which the undersigned may otherwise be entitled. This is a continuing guarantee. If at any time, for any reason, the undersigned is unable to pay for monthly purchases when due, the undersigned agrees to pay and authorizes you to bill the account, interest computed at 1.5% monthly or the legal rate against any past due amount owing on the account. Any claim, controversy or dispute of any kind between the parties and/or any of their employees, agents, affiliates or other representatives arising out of this agreement, regardless of the date of accrual of such claim, controversy or dispute shall be resolved by the laws of the county of San Bernardino, State of California.

Sales Rep. Name _____

 Signature / No Title Allowed

 Print Name

 Date:

 Signature / No Title Allowed

 Print Name

 Date: