

# New Account Application

accounts@willowwood.com



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**BILLING ADDRESS:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

SS#: \_\_\_\_\_ EIN#: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How long in business? \_\_\_\_\_

Type of organization: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_

Email Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

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President: \_\_\_\_\_

Account Payable: \_\_\_\_\_

Controller: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

**CERTIFIED PROSTHETIST/ORTHOTIST:** (must provide a certified prosthetist or orthotist name and certification number)

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

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**SHIPPING ADDRESS:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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**LIST THREE BUSINESSES YOU CURRENTLY HAVE OPEN ACCOUNTS WITH:**

*(Please do not use Otto Bock or Össur - they will not provide references)*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. # \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. # \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Acct. # \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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**LIST BANK REFERENCE:** *(banks will not provide references without account number)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ ACCT. # \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

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TERMS OF PAYMENT: Applicant's signature attests to financial responsibility, ability and willingness to pay WillowWood Global, Inc. invoices in accordance with stated terms. A finance charge of 1.5% per month (18%APR) will be added to all accounts not paid within terms. All accounts over 30 days past due will be subject to Credit Card or COD status. All past due invoices must be paid in full before credit status will be considered for reinstatement. A service charge of \$30.00 USD will be charged for all returned checks. If the account is turned over for collections, applicant agrees to pay all costs incurred in collection monies owed WillowWood Global, Inc., including reasonable attorney fees.

The above information is supplied for the purpose of obtaining an open credit account with WillowWood Global, Inc. and is warranted to be true and accurate. I hereby authorize an investigation of our credit history and the release of any information by credit references listed above deemed necessary to establish a line of credit with WillowWood Global, Inc. I understand that if this form is submitted by e-mail, my typed name in the signature field will qualify as my signature for purposes of certification.

PERSONAL GUARANTY OF PAYMENT OF AN INDIVIDUAL OR CORPORATE ACCOUNT: I hereby bind myself to pay WillowWood Global Inc. on demand, any sum that may become due by the applying company when that company fails to pay as agreed in this document. It shall be understood that this guarantee is a continuing and irrevocable guarantee and indemnity for such indebtedness of the above company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification of renewal of the credit agreement hereby granted. I understand that if this form is submitted by e-mail, my typed name in the signature field will qualify as my signature for purposes of certification.

Individual's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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RETURN TO:  
WillowWood Global  
Attn: Accounting Department  
P.O. Box 130  
Mount Sterling, OH 43143  
accounts@willowwood.com

**FOR OFFICE USE ONLY:**

Credit Approval: Yes \_\_\_ No \_\_\_

Terms: \_\_\_\_\_

Amount \$: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_