

# New Credit Card Account Application

accounts@willowwood.com

# WillowWood®

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## Billing Address

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

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

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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

EIN Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Invoices should be sent to (contact name): \_\_\_\_\_

Email Address: \_\_\_\_\_ Email contact: \_\_\_\_\_

Would you like a web account established so that you may purchase on-line?  Yes  No

If so, what would you like your user ID to be? (Must be 6 characters in length) \_\_\_\_\_

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## Shipping Information

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

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

State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How should we send your Willow Wood merchandise to your location? (Please check one)

UPS (Expedite or Express)  Airborne  Federal Express  Air Parcel Post  DHL

Other: \_\_\_\_\_ Account Number: \_\_\_\_\_ Insurance (please check one)  Yes  No

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## Marketing Information

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

General Manager: \_\_\_\_\_

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

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

Certified Prosthetist/Orthotist: \_\_\_\_\_

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

**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: \_\_\_\_\_  
*(Your typed signature indicates your consent to the terms and conditions of this Agreement)*

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

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| <b>FOR OFFICE USE ONLY:</b><br>Credit Approval: Yes___ No___<br>\$ Amount: _____<br>By: _____ Date: _____ |
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