## **Credit Application**

Business Name	Line of Credit Requested \$	
Phone ()	Web Address	
Address		
Shipping Address		
Accounts Payable Contact	E-mail	Phone#
D/B/A	Federal Tax ID#	
D&B# (if available)		
Type of Business	Date Established	How long in Business

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rade References	
Trade Reference 1	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	
Trade Reference 2	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	
Trade Reference 3	
Company Name	
Contact Name	
Email Address	
Telephone Number & Ext.	

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

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In consideration for the extension of credit, said business promises to pay for all purchases within **net 30 days terms** and 2 of 2 agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name:       Title:       Application Date:         Signature:       Signature:         Banking Information       Remit To Address         Confluent Medical Technologies, Inc.       Confluent Medical Technologies         Depository Account       Account Number: 0202601583         ABA # (Checks & ACH): 064000017       Birmingham, AL 35246-2624         Email Payment Remittance Details to:         Accounts: receivable@confluentmedical.com         Credit Department use only         Credit Decision:       APPROVED         D&B Rating:       Inot Listed         Terms:       Credit Limit;         Signature / Date;       Remarks;	
Banking Information       Remit To Address         Wire Transfer Information       Remit To Address         Confluent Medical Technologies, Inc.       Dept #2624         Depository Account       PO Box 11407         Account Number: 0202601583       Birmingham, AL 35246-2624         Birmingham, AL 35246-2624       Email Payment Remittance Details to:         Accounts.receivable@confluentmedical.com       Accounts.receivable@confluentmedical.com         Credit Department use only       DECLINED         D&B Rating:       Inot Listed       Not rated         Terms:       Credit Limit:	
Banking Information       Remit To Address         Wire Transfer Information       Remit To Address         Confluent Medical Technologies, Inc.       Dept #2624         Depository Account       PO Box 11407         Account Number: 0202601583       Birmingham, AL 35246-2624         Birmingham, AL 35246-2624       Email Payment Remittance Details to:         Accounts.receivable@confluentmedical.com       Accounts.receivable@confluentmedical.com         Credit Department use only       DECLINED         D&B Rating:       Inot Listed       Not rated         Terms:       Credit Limit:	
Banking Information       Remit To Address         Wire Transfer Information       Remit To Address         Confluent Medical Technologies, Inc.       Confluent Medical Technologies         Depository Account       PO Box 11407         Account Number: 0202601583       Birmingham, AL 35246-2624         ABA # (Checks & ACH): 064000017       Email Payment Remittance Details to:         Accounts.receivable@confluentmedical.com       Email Payment Remittance Details to:         Accounts.receivable@confluentmedical.com       Credit Department use only         Credit Decision:       APPROVED       DECLINED         D&B Rating:       Interfere       Not Listed       Not rated         Terms:       Credit Limit:	
Wire Transfer Information       Remit To Address         Confluent Medical Technologies, Inc.       Depository Account         Account Number: 0202601583       Dept #2624         ABA # (Checks & ACH): 064000017       Birmingham, AL 35246-2624         Email Payment Remittance Details to:       Accounts.receivable@confluentmedical.com         Credit Department use only       Image: Credit Decision:       APPROVED       DECLINED         D&B Rating:       Image: Credit Limit:       Credit Limit:       Signature / Date:	
Wire Transfer Information       Remit To Address         Confluent Medical Technologies, Inc.       Depository Account         Account Number: 0202601583       Dept #2624         ABA # (Checks & ACH): 064000017       Birmingham, AL 35246-2624         Email Payment Remittance Details to:       Accounts.receivable@confluentmedical.com         Credit Department use only       Image: Credit Decision: APPROVED Declined Not rated         D&B Rating:       Not Listed Not rated         Terms:       Credit Limit:	
Confluent Medical Technologies, Inc. Depository Account Account Number: 0202601583 ABA # (Checks & ACH): 064000017 Credit Department use only Credit Decision: APPROVED DECLINED D&B Rating: Oredit Limit: Signature / Date:	
Depository Account       Dept #2624         PO Box 11407         Birmingham, AL 35246-2624         PO Box 11407         Birmingham, AL 35246-2624         Email Payment Remittance Details to:         Accounts.receivable@confluentmedical.com         Credit Department use only         Credit Decision:       APPROVED         D&B Rating:       Interference         Terms:       Credit Limit:	
Accounts.receivable@confluentmedical.com     Credit Department use only   Credit Decision:   APPROVED   D&B Rating:   Not Listed   Not rated     Terms:     Credit Limit:     Signature / Date:	
Credit Decision:       APPROVED       DECLINED         D&B Rating:       Not Listed       Not rated         Terms:       Credit Limit:         Signature / Date:       Signature / Date:	
D&B Rating:       Image: Down and the second s	
Terms: Credit Limit: Signature / Date:	
Signature / Date:	
Remarks:	

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