



Legal Credit Application

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Irvington, NJ 07111

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www.tigermedical.com

Company Name _____

Address _____ Phone (____) _____ Fax (____) _____

City, State, Zip _____ E-mail _____ Web Site _____

Years in Business _____ Years at Present Address _____ Federal ID _____ Dun & Bradstreet _____ Annual Sales _____ Desired Credit Limit _____

HEREBY applies for credit in accordance with the terms and conditions of Tiger Medical Inc.:

Exact name of the applicant (Trade or other name used) _____ State of incorporation or Registration of partner _____

Do we have permission to Fax/email promotion or updates etc. about our company and Products? Yes No

How would you prefer for us to send your invoices: (please circle one) Mail Fax (____) _____ email _____

Individual if Proprietorship _____ (____) _____
Name SS# Home Phone

Partners if Partnership _____ (____) _____
Name SS# Home Phone

_____ (____) _____
Name SS# Home Phone

_____ (____) _____
Name SS# Home Phone

Principals if Corporation _____ (____) _____
Name SS# Home Phone

_____ (____) _____
Name SS# Home Phone

_____ (____) _____
Name SS# Home Phone

_____ (____) _____
Name SS# Home Phone

Bank Reference

1) _____
Bank Name Address, City, State, Zip

_____ (____) _____ (____) _____
Acct. Opening Date Bank Officer Telephone Fax Account Number

2) _____
Bank Name Address, City, State, Zip

_____ (____) _____ (____) _____
Acct. Opening Date Bank Officer Telephone Fax Account Number

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize Tiger Medical Inc. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above and business references listed on next page.

Officer Signature _____ Print Office Name _____ Officer Title _____ Date _____

