

Credit Application

Billing Address

Account Name	Phone Number	Fax Number	
Accounts Payable Contact	Purchasing Contact	P.O. Required	
Billing Address	City	State	Zip

Shipping Address

Account Name	Phone Number	Fax Number	
Billing Address	City	State	Zip

Ownership/Management

Federal Tax ID Number	Social Security Number (if proprietorship)	Resale Number	
Years in Business	Contact Person	Title	
Key Management Members and Owners			

1)

Name	Title	Percentage of Ownership
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2)

Name	Title	Percentage of Ownership
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Banking Information

Bank Name	Account Number	Contact	Phone Number
Address	City	State	Zip

Credit References

Company Name	Account Number	Phone Number	
Address	City	State	Zip
Company Name	Account Number	Phone Number	
Address	City	State	Zip
Company Name	Account Number	Phone Number	
Address	City	State	Zip

I certify that all the information on this form is true and accurate. I fully understand and agree to your credit terms of NET 30 DAYS from date of invoice. I authorize Custom Brace and Limb, LLC to contact any source necessary (including my band, credit references, and any credit bureaus) to complete an evaluation of my credit and financial history. I agree that I shall assume full responsibility for payment of all legal fees necessitated by default in payment. Suit for collection may be instituted for said balance owed plus interest. I agree that venue for all actions under this agreement lie in Harris County, Texas.

Signature	Title	Date
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