



CREDIT APPLICATION FORM

Name of Business: _____ Trade Name _____

Date Incorporated: _____ Company #: _____

Registered Address: _____

Telephone _____, Fax _____, Email _____

Business Address: _____

Nature of Business: _____

Name Of Parent If A Subsidiary Of Another Company: _____

National I D # (where personally registered business) _____

FINANCIAL INFORMATION

Financial Institution: _____ Contact Person(s) _____

Telephone # _____ Address: _____

Email Address: _____

DETAILS OF (2) TRADE REFERENCES:

Name: _____ Address _____ _____	Name: _____ Address _____ _____
Tel () _____	Tel () _____

Amount of Credit Requested: \$ _____

PARTICULARS OF DIRECTOR(S)/PARTNER (S):

Name: _____

Name: _____

Tel #: _____

Tel #: _____

Address: _____

Address: _____

Full Name of Signatory: _____

PLEASE PRINT FULL NAME

Signed on Behalf of: _____

(Company Name-Official Stamp)

(Authorized Company Signatory)

Dated the _____ day of _____ 20____

THE FOLLOWING ARE THE TERMS AND CONDITIONS APPLICABLE TO THIS CREDIT.

P.O BOX 355G, St. George, Barbados, W.I.
Lot 2 Lower Estate, St. Michael, Barbados, BB19187, W.I.
Tel: (246) 417-7979 Fax: (246) 417-7976
Email: healthcare@armstrong.com.bb
Web: www.armstrong.com.bb



PLEASE READ CAREFULLY AND ENSURE YOU UNDERSTAND THEM BEFORE SIGNING THIS AGREEMENT

TERMS & CONDITIONS OF CREDIT:

1. Please provide copy of letter of incorporation.
2. The person(s) signing this Credit Application Form is the person(s) who is duly authorized to transact business on behalf of the Company.
3. Bills and / or accounts credited are due on receipt of goods, and must be settled not later than thirty (30) days after delivery, whether or not you receive a Statement of Account. The company reserves the right to demand payment of any balance due at any time after the date of the bill.
4. Statements of accounts will be rendered monthly and shall be deemed to be correct unless the applicant undertakes to report any differences to the company within ten (10) days of receipt of the monthly statement.
5. Credit facilities granted hereunder may at the sole discretion of Armstrong Health Care Inc be suspended and/or cancelled if the account is overdue by thirty (30) days or more. We also reserve the right to collect delivered goods.
6. Armstrong Health Care Inc reserves the right to amend or alter the amount of approved credit granted to you under this Agreement at any time without your consent.
7. Any goods or services delivered to you or to your premises and signed for by you or on your behalf shall be deemed to have been accepted by you in terms of quality, quantity and description unless you shall within two (2) days of receipt notify us in writing of any defect and shall within such period return the goods to us for our inspection of same.
8. In the event of any defects in merchandise delivered we reserve the sole right and discretion to either exchange the defective merchandise with other merchandise or to grant you a cash refund or credit note.
9. In the event of non-payment of accounts, the applicant agrees to pay all legal fees and expenses incurred in the collection of the balance outstanding on the account including the debt-collection commission.
10. The applicant undertakes to notify the company of any change of address.
11. By signing this Agreement you authorize us to obtain credit reports from your Bankers, employers, referees and any other persons we may find necessary to contact and agree to provide us with proof of the Company's financial standing should we so require for our assessment of this Application.
12. By signing this Agreement you declare that all information given in this Application is true and correct and certify and irrevocably represent that you have both read and fully understood the abovementioned terms and conditions of this Credit Agreement and agree to be bound by such terms and conditions.

FOR COMPANY USE ONLY:

ACCOUNT #: _____

SALES REP: _____

CREDIT LIMIT: \$ _____

AUTHORIZED BY: _____

DATE APPROVED: _____

ACCOUNT ACTIVATED BY: _____