

New Account Application
Fax Number: 740-869-4374
Email: accounts@owwco.com



BILLING ADDRESS:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
SS#: _____ EIN#: _____
Type of Business: _____ How long in business? _____
Type of organization: Individual ___ Partnership ___ Corporation ___
Email Contact: _____ Email Address: _____

President: _____
Account Payable: _____
Controller: _____
Purchasing Agent: _____

CERTIFIED PROSTHETIST/ORTHOTIST: (must provide a certified prosthetist or orthotist name and certification number)

Name: _____ Certification #: _____
Name: _____ Certification #: _____

SHIPPING ADDRESS:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

LIST THREE BUSINESSES YOU CURRENTLY HAVE OPEN ACCOUNTS WITH:

(Please do not use Otto Bock or Össur - they will not provide references)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Acct. # _____
Phone: _____ **FAX:** _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Acct. # _____
Phone: _____ **FAX:** _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Acct. # _____
Phone: _____ **FAX:** _____

LIST BANK REFERENCE: *(banks will not provide references without account number)*

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ ACCT.# _____
Phone: _____ FAX: _____
Contact Name: _____

TERMS OF PAYMENT: Applicant's signature attests to financial responsibility, ability and willingness to pay Ohio Willow Wood, 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 Ohio Willow Wood, Inc., including reasonable attorney fees. The above information is supplied for the purpose of obtaining an open credit account with Ohio Willow Wood, 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 Ohio Willow Wood, 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 Ohio Willow Wood 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: _____

Return to: The Ohio Willow Wood Company
Attn: Accounting Department
P.O. Box 130
Mt. Sterling, OH 43143
Fax: 740-869-4374, Attention: Accounting
Or Email: accounts@owwco.com

FOR OFFICE USE ONLY: Credit Approval: Yes___ No___ Terms: _____ Amount \$: _____ By: _____ Date: _____
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Customer Authorization for Release of Records or Information

Right to Financial Privacy Act

I, _____,
(Name of customer)

hereby authorize _____
(Name and Address of Financial Institution)

to disclose financial records or information

to: _____,
(Name of Company)

for the following purpose(s):

I understand that this authorization may be revoked by me in writing at any time before my records or information, as described above, are disclosed, and that this authorization is valid for no more than three months from the date of my signature.

_____, 20__

(Signature of Customer)

(Address of Customer)