



Credit Application

1 Customer Reference Billing Information

This form must be fully completed in order to expedite your shipment. Incomplete applications will NOT be processed.

Organization _____

Name _____ Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____

Does your organization have special billing requirements?

- No
- Yes – Please Explain (i.e.: POs, vouchers, complete shipments)

When a formal purchase order cannot be provided, orders MUST be submitted on letterhead and signed by authorized personnel.

If we have questions regarding this application, whom should we contact?

Name _____ Title _____ Phone _____ Email _____

2 Company Information:

What describes your Primary Business or Service?

- Municipality
- Private Business
- Fire Dept/EMS Volunteer
- Corporation
- Nonprofit
- Private Individual
- Institution
- Other _____

Are you claiming exemption from your State & Local Taxes?

- No
- Yes – Tax ID# _____

You must include an applicable exemption certificate for sales tax charges to be waived.

4 Authorization to check Individual Credit History

Amount of credit requested: \$ _____

Credit references provided should include vendors where your company has a credit limit equal to or greater than the amount requested from Laerdal.

Trade References

A Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

B Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

C Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

Bank Reference

Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail _____

Account Number _____

6 Please send completed form to:

Laerdal do Brasil
Al. Mamoré, 503 14º andar cj.143|144
Alphaville | Barueri - SP
CEP 06454-040
Brasil
Tel.: +55 11 4193-8007
Fax: +55 11 4193-8007
e-mail: comercial@laerdal.com

I hereby authorize the above-listed references to release my credit history in connection with a business transaction with Laerdal Medical Canada, Ltd. I agree that a photocopy of this authorization shall be as valid as the original.

Signature (Required) _____ Name _____ Date _____