

zipr mobility
 Phone: 425-837-9884
 Fax: 425-837-9886



BUSINESS CREDIT APPLICATION

BUSINESS INFORMATION					
Business Legal Name:			Trade Name:		
Contact Person:			Fed Tax ID #:		
Mailing Address:		City:	State:	Zip Code:	
Shipping Address:		City:	State:	Zip Code:	
Phone #:		Fax #:		Email:	
BUSINESS FACTS					
Entity Type	Proprietorship:	Partnership:	Corporation:	Other:	
Owner/Officer #1:			Owner/Officer #2:		
Home Address:			Home Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Social Security #:			Social Security #:		
Annual Gross Sales:		% of Sales Attributable to Power Scooters & Wheelchairs:			
Credit Limit Requested:		Estimated Zipr sales in the next 12 months:			
TRADE/CREDIT REFERENCES (PLEASE LIST THREE)					
Business Name:		Contact:	Acct #:	Tel #:	
Business Name:		Contact:	Acct #:	Tel #:	
Business Name:		Contact:	Acct #:	Tel #:	
BANK REFERENCE					
Bank Name:		Acct Name:		Acct #:	
Bank Address:		City:	State:	Zip Code:	
Bank Officer:		Telephone #:		Fax #:	

PERSONAL GUARANTY

This is a personal guaranty and all guarantors whether one or several, shall be personally and individually liable, irrespective of any designation or title or position in any way appended to their signature hereon.

I _____ hereby personally guaranty any and all credit extended to my company. I will be personally responsible and liable for all balances due, including costs of collections, should that become necessary. The undersigned here by makes this application for credit and agrees that all amounts payable on or before the net due date as shown on each invoice, will be paid, and, if not paid on or before the said date are then delinquent.

Zipr Mobility may increase, decrease, or terminate any credit availability at any time within it's sole discretion. I represent that all the above information is true and complete and is given to extend credit to the applicant. My company and I authorize Zipr Mobility to make such credit investigations as it sees fit, including contacting the above references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself. I have read the terms, disclosures and conditions stated herein and agree to all terms, disclosures, and conditions.

Print Name _____

Signature _____

Social Security # _____

Telephone # _____

Date _____