



North Coast Medical, Inc.
PO Box 1990
Morgan Hill, California 95038
www.ncmedical.com
Brands that Perform™

Application for Credit

Customer ID _____

Company Information

Business Name: _____ Date Business Established: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Type: _____ Corporation Partnership Sole Proprietorship

Accounts Payable Contact Information

Name: _____ Email: _____

Phone: _____

Ownership Information

Name: _____ Federal ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ CEO Name: _____

Current Credit References

Name	Account Number	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bank Information

Bank Name: _____ Acct Number: _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Requested Credit Limit Amount: \$ _____

Local/Int'l Phone | 408.776.5000
Toll Free Phone | 800.821.9319
Toll Free Fax | 877.213.9300

Rev 05/2021



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Credit Agreement

Applicant hereby agrees to the terms and conditions as set forth herein:

1. All information is submitted for the purpose of requesting that North Coast Medical extend credit to the applicant or maintain credit for existing customers. Customer authorizes North Coast Medical to verify any references or financial information currently or previously provided pertaining to applicant's credit and/or financial responsibility.
2. Terms of sale are Net 30 Days from date of invoice. All invoices are payable in U.S. dollars.
3. All invoices are deemed prima facie evidence of amounts unless North Coast Medical receives notice of dispute within 20 days of invoice date. Items returned after 30 days of invoice date are subject to a minimum 15% restocking fee. Invoice(s) aged over 30 days from invoice date may be subject to a 1.5% per month late fee or the minimum interest rate under applicable law.
4. Returned checks may be subject to a \$25 fee for the first returned check and \$35 for all subsequent checks, per *Cal. Civ. Code §1719 (2003)*. Balances from returned checks that are paid with a credit card are subject to a 4% fee.
5. Accounts placed with outside collections due to non-payment within the credit terms shall be responsible for all reasonable attorneys' fees and collection agency fees.
6. Open invoice(s) that are paid with a credit card will be subject to a 2.5% processing fee. Prepaid orders do not incur the processing fee.
7. All customers are subject to sales tax, as applicable and required under state law, unless North Coast Medical has an original signed and dated resale certificate on file.
8. In the event North Coast Medical initiates any legal action under these terms, applicant shall be responsible for any and all costs to North Coast Medical, including without limitation, attorneys' fees. Applicants and any parties to this credit application agree to the jurisdiction of the state courts of the County of Santa Clara or the Federal Courts of California for the Northern District of California, San Jose Division.

**ALL INFORMATION SUPPLIED IS CORRECT AND I AGREE TO TERMS OF PAYMENT
 WITHIN 30 DAYS FROM DATE OF INVOICE**

Signature: _____ Date: _____

Name (Print): _____ Title: _____

Please email completed Credit Application to ARSupport@NCMedical.com