

**New Credit Card Account Application
Customer Data Sheet**



Ohio Willow Wood
Fax: 740.869.4374

General Data

Billing Address

Company Name: _____
Address: _____ City: _____
State: _____ Country: _____ Zip: _____
Phone: _____ Fax : _____
EIN Number: _____ Social Security Number: _____
Invoices should be sent to (contact name): _____
Email Address: _____ Email contact: _____
Would you like a web account established so that you may purchase on-line? Yes No
If so, what would you like your user ID to be? (must be 6 characters in length) _____

Shipping Information

Company Name: _____
Address: _____ City: _____
State: _____ Country: _____ Zip: _____
Phone: _____ Fax : _____
How should we send your OWW merchandise to your location? (please check one)
 UPS (Expedite or Express) Airborne Federal Express Air Parcel Post DHL
Other: _____ Account Number: _____ Insurance (please check one) Yes No

MasterCard / Visa Required Information

Name: _____
(as it appears on the credit card)
Card Number: _____
Type of Card (check one): MasterCard Visa Expiration Date: _____
Credit Card Billing Information
Address: _____ City: _____
State: _____ Country: _____ Zip: _____
Phone: _____ Fax : _____
Cardholder Signature: _____

Credit Card information will remain on file with Ohio Willow Wood. All orders placed will be processed against the card number listed above. If any of the above information should change, please contact Ohio Willow Wood by phone or fax to update your account information.

Marketing Information

President: _____
General Manager: _____
Controller: _____
Purchasing Agent: _____
Certified Prosthetist/Orthotist: _____ Certification #: _____
_____ Certification #: _____

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: Ohio Willow Wood
Attn: Amy Bates
P.O. Box 130
Mt. Sterling, OH 43143

or
Fax to: 740.869.4374 Attn: Amy Bates
or
Email: amyb@owwco.com

FOR OFFICE USE ONLY:

Credit Approval: Yes ___ No ___

\$ Amount: _____

By: _____ Date: _____
