



LAKE COURT MEDICAL SUPPLIES, INC. CREDIT APPLICATION

Please send completed application to AR@LakeCourt.com or Fax 586-445-2225

BUSINESS CONTACT INFORMATION

Legal Company Name:		DBA:	
Primary Contact:		Title:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Fed Tax ID#:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Bank name:		Bank Contact:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

PRINCIPALS / OWNERS

Full Name:		Title:	
Home Address:			
Phone:	Date of Birth:	S.S. #	
Full Name:		Title:	
Home Address:			
Phone:	Date of Birth:	S.S. #	
Have Owners or Principals ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain details:			

ACCREDITATION / MEMBERSHIP

Accredited By:	Dun & Bradstreet #:
VGM Membership #:	MED Group #:
Designated Primary GPO: <input type="checkbox"/> VGM <input type="checkbox"/> MED Group	

AFFILIATIONS

Is there an affiliated organization that has or had an account with Lake Court Medical Supplies and/or is affiliated with another organization? Yes No If yes, please explain and list Company Name and Lake Court Account #:

SALES TAX RESALE CERTIFICATION

Home State:
Note: A valid resale certificate is required for all states in which you do business. A signed resale certificate must be submitted with the application for each state you do business in before any orders may be shipped.

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

Type of account:

Company name:

Address:

City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

Type of account:

PURCHASING/CREDIT REQUEST

All invoices are to be paid 30 days from the date of the invoice.
All accounts are subject to a finance charge of 1.5% per month (18% annual) for invoices past due.

Estimated Monthly Purchases:	Amount of Credit Requested: (If Over \$20,000, please attach current financial statements)
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DECLARATION: The signing of this application authorizes Lake Court Medical Supplies, Inc. ("Lake Court") to perform any and all credit investigation procedures on the above Business (es) and/or individual(s). The undersigned, on behalf of all such persons, authorizes all credit reporting agencies and the above banks and trade references to release to Lake Court any and all financial and other information in their possession so that Lake Court can make an informed credit decision. Lake Court is authorized to make all inquiries deemed necessary to determine all such persons' creditworthiness. Lake Court is authorized to answer questions about its credit experience with the credit applicant(s) and share this information with others.

The credit applicant(s) specified in this Credit Application recognizes that each applicant's credit history may be a factor in Lake Court's evaluation of the credit history of each credit applicant and, accordingly, each credit applicant hereby consents to and authorizes the use of consumer credit reports on the credit applicant by Lake Court, from time to time, as Lake Court may determine is needed in its credit evaluation process.

To secure payment of all amounts of credit extended by Lake Court to credit applicant(s), now and in the future, all credit applicant(s) in consideration for the extension of such credit by Lake Court, grant Lake Court a continuing security interest in all of credit applicants' presently owned or hereafter acquired (a) goods, (b) instruments, (c) chattel paper, (d) books and records, (e) accounts, (f) accounts receivable, (g) general intangibles, and (h) payment intangibles and together with all proceeds, all support obligations, substitutions, replacements and additions thereof. The following constitute defaults by all credit applicants hereunder: Non-payment in a timely fashion of any credit applicant's indebtedness to Lake Court; the bankruptcy or insolvency of any credit applicant; an assignment for the benefit of creditors by any credit applicant; and/or misrepresentation by any credit applicant in respect of any provision of this or any Agreement between any credit applicant and Lake Court. In the event of default by any credit applicant, all credit applicants shall be in default hereunder and Lake Court may declare all unpaid balances then due to Lake Court from all credit applicants immediately due and payable. All credit applicants irrevocably authorize Lake Court to file such financing statements and/or other security devices (i.e. UCC) that Lake Court deems necessary which describe the collateral.

The information contained herein is submitted, from time to time, by the credit applicants for the purpose of obtaining credit. The credit applicants expressly agree to make payment in full to Lake Court for all purchases by any of the credit applicants from Lake Court, in accordance with Lake Court's invoice(s) and General Terms and Conditions of Sale. Should any of the credit applicants default in any such payment, all credit applicants expressly agree to pay a late charge on any amounts in default at the maximum rate of interest permitted by law and, at Lake Court's option, all amounts then owed to Lake Court by all credit applicants shall become immediately due and payable. All credit applicants further agree to pay Lake Court its actual attorney's fees and all other costs and expenses incurred by Lake Court in the collection of any obligation of credit applicants pursuant hereto. The credit applicants and Lake Court agree that this instrument shall be governed by the provisions of Michigan law. This agreement shall become effective when accepted by Lake Court.

The person(s) signing this application certify (ies) that all the information contained in the application and any attachments are true and honest.

SIGNATURES

Title:	Title:
Date:	Date:

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General and Continuing Personal Guaranty

FOR VALUABLE CONSIDERATION, and as an inducement for Lake Court Medical Supplies, Inc. (Creditor), from time to time extend credit to _____(Customer), it is hereby agreed that the undersigned does hereby guaranty to Creditor the prompt, punctual and full payment of all monies now or hereinafter due Creditor from Customer.

Until termination, this guaranty is unlimited as to amount or duration and shall remain in full force and effect notwithstanding any extension, compromise, adjustment, forbearance, waiver, release or discharge of any party obligor or guarantor, or release in whole or in part of any security granted for said indebtedness or compromise or adjustment thereto, and the undersigned waives all notices thereto.

The obligations of the undersigned shall be at the election of Creditor be primary and not necessarily secondary and Creditor shall not be required to exhaust its remedies as against Customer prior to enforcing its rights under this guaranty against the undersigned.

The guaranty hereunder shall be unconditional and absolute and the undersigned waive all rights of subrogation and set-off until all sums under this guaranty are fully paid. The undersigned further waives all surety ship defenses or defenses in the nature thereof, generally.

In the event payments due under this guaranty are not punctually paid upon demand, then the undersigned shall pay all reasonable costs and attorney's fees necessary for collection, and enforcement of this guaranty.

If there are two or more guarantors to this guaranty, the obligations shall be joint and several and binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

The guaranty may be terminated by any guarantor upon fifteen (15) days written notice of termination, mailed certified mail, return receipt requested to the Creditor. Such termination shall extend only to credit extended beyond said fifteen (15) day period and not to prior extended credit, or goods in transit received by Customer beyond said date, or for special orders placed prior to said date notwithstanding date of delivery. Termination of this guaranty by any guarantor shall not impair the continuing guaranty of any remaining guarantors of said termination.

Each of the undersigned warrants and represents it has full authority to enter into this guaranty.

This guaranty shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

This guaranty shall be construed and enforced under the laws of the state of Michigan.

The undersigned personally guarantees payment of all debt incurred by _____ to Lake Court Medical Supplies, Inc.

DATED this _____ day of _____.

SIGNATURE: _____	SOCIAL SECURITY NO:
Print Name:	Address:
Date:	Phone Number:

WITNESS SIGNATURE: _____

Print Name:

Date:



BANKING INFORMATION AND BANK REFERENCE AUTHORIZATION

Dear Customer:

We find that banks, as a rule, will only release information to support a credit request on an account with an authorized signature from you, their customer. So that we can process your request for credit with us promptly, please sign below, authorizing Lake Court Medical Supplies, Inc. to obtain the requested financial information from your bank or through BankVOD.

Please return this authorization with your signed credit application. Our fax number is: 586-445-2225 or email accting@lakecourt.com.

Thank you for your cooperation.

I hereby authorize my Bank(s), named below, to release the banking credit information

Date: _____

Company Name: _____

Authorized Name and Title:
(please print) _____

Authorized Signature: _____

Bank Name: _____

Account Number: _____

To Be Completed by Banking Institution

Please provide the following information to Lake Court Medical Supplies:

- 1. Date account established _____
- 2. Sweep account YES or NO
- 3. Average balance _____
- 4. NSF's YES or NO
- 5. Loans YES or NO

Certified By: _____
(Authorized Bank Representative)

Contact Phone Number: _____

Fax completed reference to:

Lake Court Medical Supplies, Inc.
Credit Department
Tel: (586) 771-3100
Fax: (586) 445-2225



ACH – Direct Debit Authorization Form

Company Information

Company Name:	Acct #:
Name (as it appears on bank account):	
Address of company:	
City, State, Zip Code:	

Payment Authorization

Account Type: Checking Savings

Account Number: _____

Routing Number: _____

Bank Name: _____

I hereby authorize Lake Court Medical Supplies, Inc, to debit the above bank account for a one-time charge, as listed below or attached list:

Invoice # _____	Amount \$ _____	Invoice # _____	Amount\$ _____
Invoice # _____	Amount \$ _____	Invoice # _____	Amount \$ _____

Total Authorized Charges: \$ _____

I hereby authorize Lake Court Medical Supplies, Inc. to debit the above bank account on a recurring basis for amounts due. Recurring Basis defined as:

- Weekly: Day of Week: _____
- Other: Defined as _____

This Direct Debit will remain in effect until Lake Court Medical Supplies, Inc. (LCM) has received and acknowledged written notification of its termination and LCM has been afforded reasonable opportunity to act upon it. As signing this form, I certify that I am an authorized signer on the above named company account.

Authorized Signature: _____ Date: _____
(Must be authorized signer on bank account)

Fax Completed Form to 586-445-2225 or email to AR@lakecourt.com