

# Credit Application

Lenjoy Medical Engineering, Inc.

www.ComfySplints.com



ComfySplints  
We Make The World Comfy

## Business Contact Information

Company Name:

Phone:

Fax:

Email:

Address:

City:

State:

Zip Code:

Years in Business:

FEIN:

Sole Proprietorship:

Partnership:

Corporation:

Other:

## Ownership

President / Owner Name:

Address:

City:

State:

Zip Code:

Treasurer Name:

Address:

City:

State:

Zip Code:

Secretary Name:

Address:

City:

State:

Zip Code:

## 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:

## Agreement

To Assume responsibility for purchase by everyone authorized by the applicant or for purchases delivered to the address of the applicant herein.

To pay purchases made no later than 30 DAYS after receipt of billing.

To pay service charge on accounts not paid as provided in the event that collection effort is necessary to enforce collection on account.

To pay actual attorney fees, collection cost and court cost incurred in the event that collection effort is required or suit is instituted to enforce to collection of said account.

By submitting this application, you authorize Lenjoy Medical Engineering, Inc, (Comfy Splints) to make inquiries into Trade References that you have supplied.

## Signatures

Title:

Date:

Title:

Date:

Send Credit Application to:  
Email – [custserv@comfysplints.com](mailto:custserv@comfysplints.com)  
Fax – (310) 353-2484

Account # \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

(For Lenjoy Medical Engineering, Inc. use only)