

Amount of Credit Line Requested

Please Print

Name of Business _____ Mailing Address _____ _____ Billing Contact _____ Billing Phone # _____ Email Address _____ Type of Business _____ Date Business Started _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Partnership Name of Bank _____ Address _____ _____ Dun and Bradstreet Number _____	Phone No. _____ Fax No. _____ Shipping Address _____ _____ Authorized Buyers _____ _____ Name of Treasurer/CFO _____ Name of Owner/President _____ Home Address _____ _____ Bank Rep to Contact _____ Phone No. _____ Fax No. _____ Account No. _____
Authorization to release bank information: This is my authorization to release information to Life-Assist, Inc. for the purpose of evaluation our application for credit. Signature _____	
Print Name _____	

Major Supplier #1 _____ Address _____ City/State/Zip _____ Account Number _____ Phone # _____ Fax # _____ Email Address _____	Major Supplier #3 _____ Address _____ City/State/Zip _____ Account Number _____ Phone # _____ Fax # _____ Email Address _____
Major Supplier #2 _____ Address _____ City/State/Zip _____ Account Number _____ Phone # _____ Fax # _____ Email Address _____	Major Supplier #4 _____ Address _____ City/State/Zip _____ Account Number _____ Phone # _____ Fax # _____ Email Address _____

PRIVATE AMBULANCE SERVICE Geographic area served regularly _____ How many full-time employees ? _____ Years in business _____ Approx. annual revenue _____ City or County contract in force : <input type="checkbox"/> YES <input type="checkbox"/> NO Expires _____	VOLUNTEER ORGANIZATION Type of organization _____ Number of contributing members _____ Date formed _____ Contributions ? <input type="checkbox"/> YES <input type="checkbox"/> NO Amount _____ Tax support ? <input type="checkbox"/> YES <input type="checkbox"/> NO Amount _____
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This information is warranted to be true and is given for the purpose of obtaining credit from Life-Assist, Inc. I (we) agree to pay all bills for purchases net 30 days from date of invoice. I (we) understand and agree that interest at a rate of eighteen percent (18%) per annum prorated will be added to all overdue accounts. Should legal action be instituted to enforce payment of any outstanding balance, I (we) agree to pay all costs of suit and reasonable attorney's fees. This application and agreement and all transactions pursuant hereto are and shall be governed by the Internal Laws of the State of California.

Date _____	Print Name _____	Title _____
	Signature _____	(OFFICER or OWNER ONLY)