



Piedmont Orthotic Laboratory, Inc.
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Name & Address: _____ **Telephone:** _____

Fax: _____

Name of Owner: _____

Years in Business: _____

Social Security (or) Tax ID Number: _____

Type of Business: _____

Your Business is a: Corporation Partnership Proprietorship

Do you have other locations: yes no (If yes, give location on back)

Person to Contact Regarding Payment: _____

Person to Contact Regarding Orders: _____

Automatic Draft: Do You Wish to use Automatic Credit Card Draft? yes no

Type of Card: Visa MC Card # _____

Exp. Date (month/year): / **Name on Card:** _____

Credit Application:

Bank Reference: _____

Address: _____

Contact Person: _____ **Phone:** _____

Trade References: (please list three)

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

Name: _____

Address: _____

Contact Person: _____ **Phone:** _____

As Authorized Agent, I am applying for credit with POL inc. I hereby authorize POL and its agents to check the above-mentioned company's credit, in order to determine its creditworthiness. I hereby certify the above given information is true and correct to the best of my knowledge. I understand that my first orders may be sent C.O.D. until my credit is approved. The company, as stated above, agrees to abide by the terms and conditions of sale and will pay all legal and collection fees should its account become delinquent and legal collection is required.

Signature of Authorized Agent _____ Title _____ Date _____