

New Credit Card Account Application
Fax: 740-869-4374
Email: accounts@owwco.com

WillowWood[®]

Billing Address

Company Name: _____

Address: _____ City: _____

State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

EINNumber: _____

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 Willow Wood 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

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 The Ohio Willow Wood Company 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 The Ohio Willow Wood Company, including reasonable attorney fees. The above information is supplied for the purpose of obtaining an open credit account with The Ohio Willow Wood Company, 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 The Ohio Willow Wood Company. 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 The Ohio Willow Wood Company 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: _____
(Your typed signature indicates your consent to the terms and conditions of this Agreement)

Return to: The Ohio Willow Wood Company
Attn: Accounting Department
P.O. Box 130
Mt. Sterling, OH 43143
Fax: 740-869-4374, Attention: Accounting
Or Email: accounts@owwco.com

<p>FOR OFFICE USE ONLY: Credit Approval: Yes ___ No ___ \$ Amount: _____ By: _____ Date: _____</p>
