



KineMedic Concepts, Inc.
 Phone: (909) 337-3449
 Fax: (909) 498-0300
 Web: www.KineMedic.com

Account Application

Company Name: _____	Phone: _____
Billing Address: _____	Fax: _____
_____	Email: _____
Accounts Payable Contact: _____	AP Contact Phone: _____
Owner/CEO/Manager _____	AP Fax _____

Account Type

Please Set up a Credit Card Account
 Charge all Invoices to the credit card below:

Name on Card:
 Type of Card (circle)
 Visa Mastercard AmEx Discover
 Credit Card Number:
 Expiration Date:

Please set up an Open Account
 The below information will be used for the sole purpose of establishing an open credit account. We hereby authorize our account with KineMedic Concepts, Inc. and agree to pay all invoices with your terms of NET 30 DAYS. We understand that KineMedic Concepts, Inc. reserves the right to refuse future credit if payments are not made in a timely manner.
 An Invoice will be sent with each order. We will fax a statement monthly, which will include copies of Invoices for all orders shipped during that month.

Bank Reference Bank: Address: Phone: Account No.:	Trade Reference Company: Address: Phone: Account No.:
Trade Reference Company: Address: Phone: Account No.:	Trade Reference Company: Address: Phone: Account No.:

Authorized Signature: _____ Print: _____
 Title: _____ Date: _____