



MEDI-TECH INTERNATIONAL CORP.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Date:		Date business commenced:	Tax ID#:
Company name:		<input type="checkbox"/> Sole proprietorship	
Phone Fax:		<input type="checkbox"/> Partnership	
E-mail:		<input type="checkbox"/> Corporation	
Registered company address: City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code:		Bank name:	
How long at current address?		Primary business address: City, State ZIP Code	
Phone:		Phone:	
Fax:		Account number:	
E-mail:		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	
Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	
Company name:		Phone:	
Address:		Fax:	
City, State ZIP Code:		E-mail:	
Type of account:		Other:	

AGREEMENT

1. We hereby request an open account with MEDI-TECH INTERNATIONAL CORP. and affirm that the above information is true. If the customer is a corporation, the individual officer signing the application on behalf of the corporation hereby personally guarantees the continuing obligation of the corporation and the prompt payment of all obligations of the proportion due MEDI-TECH INTERNATIONAL CORP. within the terms established at the time of sale.
2. Please remit to: Medi-Tech International Corp. 6850 Southbelt Dr. Caledonia, MI. 49316 USA
3. E-mail to: clariel.francisco@medi-techintl.com
4. The first order for a new account is C.O.D. or by Company Credit Card. The time required to check credit for a new account is approximately (2) weeks. All of the above information must be filled in for this applicant to be considered for an open account.

SIGNATURE

Signature	
Name and Title	
Date	