



Credit Application - munevo Inc.

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Company is a:

Corporation

Partnership

Sole Proprietorship

Type of Business: _____

Federal Tax I.D.: _____ DUNS #: _____ Annual Revenue \$: _____

As applicable, list names and title of corporate officers, partners or owners:

Name: _____ Title : _____

Name: _____ Title : _____

Name: _____ Title : _____

Name of person in charge of Account Payable: _____

Phone: _____ Fax: _____ E-mail: _____

Name of ATP or Clinician on staff

Name: _____ E-mail: _____

Trade References: (Fax numbers are required)

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

By signing below we acknowledge and agree to the following terms on any items ordered and received from munevo Inc.:

No returns will be accepted without return authorization number from munevo Inc. There will be a 25% restocking fee on all returned goods.No re turns will be accepted for custom or special ordered products. Any exceptions to the above must be authorized in writing from munevo Inc.

Printed Name/Title Signature Date

**If you have any questions, please call +1 646 7818074.
Send completed form to sales.us@munevo.com.**