



**Disc Disease Solutions, Inc.**  
 100 Commerce Way, Suite 5  
 Hackensack, NJ 07601  
 Tel: (888) 495-7440 Fax: (201) 880-7799

## Credit Application/Customer Profile

<b>CUSTOMER</b> (Complete Legal Name. If corporate entity, use exact registered corporate name)					
Company			Federal Tax ID No.		
Address		City	County	State	Zip
Phone	Fax	Contact Name		Title	
[CIRCLE]:	Non-Profit-	Proprietorship-	Partnership-	Corporation - (S-Corp)	
If Partnership or Corporation, number of shareholders					
Years in current Business					
<b>PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS</b>					
Name		Title	% Owned	Social Security No.	
Home Address		City	State	Zip	Home Phone No.
Name		Title	% Owned	Social Security No.	
Home Address		City	State	Zip	Home Phone No.
<b>COMPANY CREDIT REFERENCES - TWO YEARS HISTORY</b> (Important to establish comparable credit history)					
Bank/Branch		City	State	Bank/Finance Co./Leasing Co.	City State
Type of Account		Account Number	Type of Account	Account Number	
Type of Account		Account Number	Type of Account	Account Number	
Contact Name		Phone #	Contact Name	Phone #	
<b>TRADE REFERENCES - TWO YEAR HISTORY</b> (Important to establish high credit and payment history)					
Name of Supplier		City/State	phone No.	Contact Person	
Name of Supplier		City/State	phone No.	Contact Person	

The undersigned is an authorized agent of the applicant with the authority to execute this Application on its behalf, and hereby warrants that the information provided above and/or attached is true and correct. The undersigned hereby authorizes Disc Disease Solutions, Inc. its nominee or assignee, to contact any of the credit or trade references listed herein or any other sources regarding applicant's credit standing. Disc Disease Solutions, after its investigation, may elect in its sole discretion to refuse to extend credit.

Applicant's Name \_\_\_\_\_

By Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_