

**Universal Medical Technologies Inc.**  
**15720 N. Greenway Hayden Loop; Suite 8**  
**Scottsdale, AZ 85260 USA**  
**Tele: (623)670-7614**  
**Fax: (623)670-7723**



**Credit Application**

**Company Information**

Company Name:		Date:	
Billing Address:			
City/State/Zip			
Contact:	Phone No./Ext.:	Fax:	
Shipping Address:			
Federal ID #:		President:	
Duns ID #:		Parent Duns #:	
Subsidiary or Division:		___ Individual ___ Partnership ___ Corporation ___ Other	
No. of Employees:		Business Type:	
Year Established:		SIC Code: (1) (2)	

**Bank Reference**

*Please provide full name, address and phone number on all references.*

Bank Name:		Date:	
Address:			
Phone:	Fax No.:		
Contact Account No.:	Tax Exempt (Resale) Number (if applicable):		

**Trade References**

*Please provide full name, address and phone number on all references*

Company Name:	Phone No.:	Fax No.:
Address:		Contact
Account No.:		
Company Name:	Phone No.:	Fax No.:
Address:		Contact
Account No.:		
Company Name:	Phone No.:	Fax No.:
Address:		Contact
Account No.:		

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

-----Do not write below this-----

**References checked and approve by:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_