Application for Credit

Rehabmart, LLC

3651 Mars Hill Rd. Suite: 2400
Watkinsville, GA 30677

Phone: (800) 827-8283 / Local Phone: (706) 213-1144
Toll Free Fax: (888) 507-7326 / Local Fax: (678) 254-1791
Email: creditapp@rehabmart.com

Type or Print Clearly

Company Name _____ Other Company Name(s) _____

Address _____ City _____ State ____ Zip ____

Accounts/Payable Contact _____ Phone _____ Ext ____

Fax # _____ Email _____

BUSINESS INFORMATION

Type of Business _____ Year Started _____ Organized Under Laws of _____(State)

Sales Tax Reseller# _____ Fed Tax ID # _____

Dunn & Bradstreet ID _____

We are a member of: (Check all that applies)

_____Med. Group _____UMS _____VGM _____RESNA _____NAMES

_____Not a Member of Any Group Others _____

TRADE REFERENCES

Bank Name _____ Street _____

City _____ State _____ Zip _____ Account # _____

Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____

City _____ State _____ Zip _____ Account # _____

Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____

City _____ State _____ Zip _____ Account # _____

Contact Person _____ Phone _____ Fax _____

Vendor Name _____ Street _____

City _____ State _____ Zip _____ Account # _____

Contact Person _____ Phone _____ Fax _____

RELEASE OF AUTHORITY TO VERIFY INFORMATION / PERSONAL GUARANTEE OF A MANAGING MEMBER:

By signing this credit application, I confirm that I am a managing member of the company, and I personally and individually guarantee unconditionally full and prompt payment of past, present and future obligations due under this Agreement for the Applicant and any successor in interest, corporate or non-corporate, in the Applicant's business. Additionally, I hereby authorize the above bank and trade references to release the information necessary to assist Rehabmart, LLC in approving our line of credit. I release any person or organization supplying or inquiring about such information from all liability in connection with the furnishing or use of such information.

_____ _____ _____ _____

Signature of Managing Member | Print Name | Title | Date