

**Microlife Medical Home Solutions, Inc.  
Credit Application Form**

<b>Customer Name</b>	_____
<b>Address</b>	_____
<b>Address</b>	_____
<b>City, State</b>	_____
<b>Zip</b>	_____
<b>Phone</b>	_____
<b>Fax</b>	_____
<b>Website</b>	_____
<b>Ship to address if different than above</b>	
<b>Customer Name</b>	_____
<b>Address</b>	_____
<b>Address</b>	_____
<b>City, State</b>	_____
<b>Zip</b>	_____
<b>Main Contact Name</b>	_____
<b>Title</b>	_____
<b>Phone</b>	_____
<b>Email</b>	_____
<b>Accounts Payable Contact Name</b>	_____
<b>Title</b>	_____
<b>Phone</b>	_____
<b>Email</b>	_____
<b>Resale Certificate/TAX ID Number</b>	_____
<b>Duns Number</b>	_____

**Microlife Medical Home Solutions, Inc.  
2801 Youngfield St.  
Suite 241  
Golden, CO 80401  
Representative: David Wilcoxson  
303-808-2291  
866-285-8296 Fax**

**Credit Reference 1**

Company Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**Credit Reference 2**

Company Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**Credit Reference 3**

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**Financial Institution**

Account Number \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

It normally will take 1-2 weeks processing time  
to establish credit terms for your company.

Terms are 2%30, Net 31.