



Great Lakes Earmold Laboratory
 12740 York Delta Dr.
 North Royalton, Ohio 44133

Phone #: 1-800-842-8184
 Fax#: 1-440-877-9190
 Email: greatlakesearmold@sbcglobal.net
 Website: www.greatlakesearmold.com

Company Information

Name of Business		
Contact Name		
Address		
Phone #	Email Address	Years Business Established
Sales Tax Status: <input type="checkbox"/> Tax <input type="checkbox"/> Exempt		
Operates As: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
Co-Op Member Status: <input type="checkbox"/> AHAA <input type="checkbox"/> Marcon <input type="checkbox"/> SONUS Network <input type="checkbox"/> HearPO Member		

Owner Information

Full Name		
Title		
Home Address		
City	State	Zip
Have You ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes name of company and year		

Bank Information

Bank Name			
Address			
City	State	Zip	Phone #

Trade Credit Reference

Company Name			
Address			
Contact	Phone #	Fax #	Email Address

Company Name			
Address			
Contact	Phone #	Fax #	Email Address

Company Name			
Address			
Contact	Phone #	Fax #	Email Address

I, we, the undersigned, being the owner, or principal stockholder of the corporation, known as _____, who have made application for credit with you, hereby agree to pay invoices in accordance with your published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references and trade credit references and retain this data in our files for future references. We agree to pay for all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor. I, we, also agree to be personally liable for the obligations of any merchandise or credit extended by you to our company whenever the company shall fail to pay the same.

Authorized Signature: _____ **Date:** _____
If printing and faxing

E-Signature
 If sending email