



D. E. Hokanson, Incorporated
12840 NE 21st Place
Bellevue, Washington, 98005 USA

Phone 425 882 1689
Fax 425 881 1636
www.hokansonvascular.com

APPLICATION AND AGREEMENT FOR CREDIT

A. APPLICATION

Date: _____

It is our understanding that an open account (limited line of credit) may be available to us in connection with our desire to purchase equipment from D. E. Hokanson, Inc. (Hokanson), and in an amount not to exceed \$ _____ during _____ (Insert period.) We understand Hokanson is relying on the information set forth below, and Hokanson is authorized by the undersigned to verify the information provided herein, to obtain credit reports, and to answer questions about Hokanson's experience with us as submitted by any consumer reporting agency or other credit grantor. Everything stated herein by applicant is true and correct.

NAME OF APPLICANT: _____

BILLING ADDRESS: _____

Billing Contact: _____

E Mail Address _____ Phone Number _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER: _____

INCORPORATED: YES NO STATE OF: _____

Dunn & Bradstreet Number _____

B: CREDIT ACCOUNT AGREEMENT:

The undersigned company agrees to pay Hokanson the full amount of our invoice as of 30 days from the date of the invoice, which payment must be made without incurring an interest charge. If the full balance or a portion thereof, remains unpaid on or before the next billing date, interest shall be charged on the unpaid amount at the highest lawful rate permissible under the provisions of RCW 19.52.020 (currently 1.5 % per month).

No finance charge will be assessed for a billing period in which there is no previous balance or during which payments and credits during a billing period, will lower the finance charge for that period.



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Payments are not considered made until received by Hokanson at its home office. If we fail to make payments when due, all sums owed by us to Hokanson shall immediately become due and payable. We shall pay reasonable attorneys fees and court costs in the event Hokanson finds it necessary to place our account with an attorney for collection.

We agree that Hokanson may repossess any equipment for which it has not been paid in full; may dispose of the equipment at a public or private sale, and hold us responsible for any unpaid balance of our account and may exercise all other rights and remedies of a secured party under the Washington Uniform Commercial Code and any other applicable laws.

Notice to Buyer: Do not sign this Agreement before you read it or if it contains blank spaces. You are entitled to an exact copy of the agreement you sign.

The undersigned company agrees to the terms and a condition set forth hereinabove and acknowledges receipt of an exact copy of this Agreement.

Name of Company

Date

Signature of Authorized Official

Printed Name and Title

Or

Personally Guaranteed by:

Printed Name

Date

Signature

Social Security Number



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BANK REFERENCES – Names and addresses of banks

Name

Address

Address

Phone Number Account Number

Name

Address

Address

Phone Number Account Number

RETAIL CREDIT REFERENCES – Please include at least three (3) references. Include names that will give a reference as some business do not. Include account numbers and a contact.

Name

Address

Account Number Contact

Email Address Fax Number

Name

Address

Account Number Contact

Email Address Fax Number

Name

Address

Account Number Contact

Email Address Fax Number

Name

Address

Account Number Contact

Email Address Fax Number

Name

Address

Account Number Contact

Email Address Fax Number

Name

Address

Account Number Contact

Email Address Fax Number

Annual Gross Income _____

Name of Company

Date

Signature of Authorized Official

Printed name and Title