



FRIDDLE'S ORTHOPEDIC APPLIANCES, INC.

12306 B.H.P. HIGHWAY, P.O. BOX 207 HONEA PATH, SC 29654
800-528-9339, (864)-369-2328 / FAX: 800-982-3646, (864)-369-1149
www.friddles.com

APPLICATION FOR OPEN ACCOUNT

COMPANY NAME: _____
**FEDERAL TAX ID # _____
ADDRESS: (BILLING) _____
City _____ State _____ Zip _____
TELEPHONE: _____ FAX: _____
E-MAIL ADDRESS: _____ WEB SITE: _____

SHIPPING ADDRESS IF DIFFERENT FROM ABOVE:

***LIST NAME(S) AND ADDRESS(ES) OF OWNER, PARTNERS OR OFFICERS:**

- NAME: _____
ADDRESS: _____
- NAME: _____
ADDRESS: _____

****PLEASE USE UNITED STATES REFERENCES : Please complete all information to insure prompt response to your application. Thank You.**

1) NAME: _____ ACCOUNT# _____
ADDRESS: _____
PHONE: _____ FAX: _____

2) NAME: _____ ACCOUNT# _____
ADDRESS: _____
PHONE: _____ FAX: _____

3) NAME: _____ ACCOUNT# _____
ADDRESS: _____
PHONE: _____ FAX: _____

4) NAME: _____ ACCOUNT# _____
ADDRESS: _____
PHONE: _____ FAX: _____

5) NAME: _____ ACCOUNT# _____
ADDRESS: _____
PHONE: _____ FAX: _____

*******I AGREE TO PAY INVOICES WITHIN YOUR TERMS; NET 30 DAYS; 2% PER MONTH ON PAST DUE ACCOUNT.**

(Authorized Signature)

(Title)

(Date)



**FRIDDLE'S ORTHOPEDIC
APPLIANCES, INC.**

**I authorize Friddle's Orthopedic Appliances to receive credit information
on our account history with your company.**

Authorization for release of account information:

Signature

Title

Date

Company Name

Customer #