



# CORSO-SYNERGICA GROUP

The Ultimate Cryo-Therapy, Post-Op & Skin Care Systems  
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WHOLESALE ORDERS ONLY (415) 944-8028

ORDERS BY FAX: (415) 332-1621

## CREDIT APPLICATION

Name of firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Established (date) \_\_\_\_\_ Number of employees \_\_\_\_\_

We are presently a : [ ] Corporation [ ] Partnership [ ] Proprietorship

### The owners and/or officers are:

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

## CREDIT REFERENCES

We have regular credit accounts with the following Institutions and authorize you to contact the same:

Name of Firm \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Firm \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Firm \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Bank Reference \_\_\_\_\_ Contact \_\_\_\_\_

Checking account # \_\_\_\_\_ Loan Account #'s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Are you listed with Dun & Bradstreet? \_\_\_\_\_ What is your Dun & Bradstreet Number? \_\_\_\_\_

TERMS OF PAYMENT: Unless otherwise agreed in writing, applicant agrees to pay the amount due and owing within thirty days from the invoice date. In the event payment is not made in accordance with the foregoing we agree to a service charge of 1.5% per month as a condition of sale. We also agree to pay reasonable attorney fees and costs incurred in collections, and 1.5% per month (annual rate of 18% interest) on past due accounts.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_