RYBO Medical, Inc.

Account #:_____

Credit Authorization Form

Company Information

Company Name: _____

Principal's Name: _____ Contact Person: _____

Address: _____ Phone: _____

_____ Fax: _____

City: _____ Email: _____

State: _____ Zip: _____ Federal ID # or SS#: _____

Bank Refernce

Bank: _____ Checking Account #: _____

Payment Information

Choose one of the following: ☐ I would like to pay my invoices by check.

☐ I would like all invoices to be charged to my credit card.

Credit Card Information

Card Type: ☐ Visa ☐ MC ☐ American Express

Card #: _____ Billing Address: _____

Name: _____ City: _____

Exp. Date: _____ Verif. Code: _____ State: _____ Zip: _____

I hereby authorize RYBO Medical, Inc. to apply my monthly account balance for products and services purchased to my credit card account. The transaction for the monthly statement balance will occur on the 5th of the month following the statement date. This credit card authorization shall remain in effect until revoked by written request to RYBO Medical, Inc.

I hereby authorize RYBO Medical, Inc. to verify all of the information provided on this credit application. I understand and agree to pay interest charges at the rate of 1.5% per month on any overdue balance until paid in full. I further understand and agree that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including attorney fees and court costs. Any dispute regarding charges, invoices, balance due, and/or other issues between parties will be litigated and resolved in a Superior Court, County of Orange, State of California, and pursuant to the laws of the State of California.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title_____

Please fax completed form to 949-446-8224. Orders will not be processed until this form is received.

Toll Free: 866-406-7926
Email: rybomedical@gmail.com
Production Facility:
175 Park Street
Livermore Falls, ME 04254

Fax: 949-446-8224
www.rybomedical.com
Corporate Office:
21302 Calle Horizonte
Lake Forest, CA 92630