



**US Dry Needle and Physio Products, LLC**

218 Main Street, #778

Kirkland, WA 98033

customercare@idryneedle.com

**BUSINESS CONTACT INFORMATION**

Company name		Web Site	
Address			
City, State ZIP Code			
Finance Contact		Title	
Phone		Email	
Type of Business		Years in Business	
Credit Amount Requested			

**BANKING INFORMATION**

Bank name:		Account number	
Address		Type of account	
City, State ZIP Code			
Contact		Title	
Telephone		Email	

**CREDIT REFERENCES**

Company name		Account number	
Address		Type of account	
City, State ZIP Code			
Contact		Title	
Telephone		Email	
Company name		Account number	
Address		Type of account	
City, State ZIP Code			
Contact		Title	
Telephone		Email	
Company name		Account number	
Address		Type of account	
City, State ZIP Code			
Contact		Title	
Telephone		Email	

**AGREEMENT**

1. All invoices are to be paid within 30 days of the invoice date or are subject to 1.5% per month late fee after 30 days.
2. Claims arising from invoices must be made within five business days.
3. By submitting this application, you authorize US Dry Needle & Physio Products LLC to make inquiries into the banking and credit references provided.
4. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify US Dry Needle and Physio Products LLC in writing within 30 days of any change in business type, financial condition or controlling ownership.

**SIGNATURE**

Signature	
Name and Title	
Date	

Return signed application to [customercare@idryneedle.com](mailto:customercare@idryneedle.com)