



Tissue Simulation & Phantom Technology

APPLICATION FOR CREDIT TERMS

DATE:

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP:

ATTENTION: (send invoices to) PHONE:

ALTERNATE CONTACT: PHONE:

EMAIL: I would like to receive communications via e-mail relating to CIRS, its products and services. I can opt out at any time and CIRS will not share my information.

REFERENCES

NAME OF BANK:

CONTACT NAME: PHONE:

BRANCH LOCATION: ACCT NO.

TRADE REFERENCES

COMPANY NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE:

EMAIL: YEARS EXPERIENCE WITH ABOVE COMPANY

COMPANY NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE:

EMAIL: YEARS EXPERIENCE WITH ABOVE COMPANY

COMPANY NAME:

ADDRESS: CITY: ZIP:

CONTACT NAME: PHONE:

EMAIL: YEARS EXPERIENCE WITH ABOVE COMPANY

(We) hereby authorize the above listed bank and trade references to release any and all information relative to our account which is beneficial to securing a credit line with CIRS.

By submission of this form, I authorize my data to be used to process this request.

PRINT NAME: DATE:

SIGNATURE: TITLE:

INSTRUCTIONS:

- Please email completed form to Linda Earley at earley@cirsinc.com

COMPUTERIZED IMAGING REFERENCE SYSTEMS, INC.

900 Asbury Ave • Norfolk, Virginia 23513 • USA • Tel: (800) 617-1177 • (757) 855-2765 • Fax: (757) 857-0523

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