

# US CREDIT AGREEMENT



## COMPANY INFORMATION

Company Name: WIN Health Institute Contact Name: Dr. Dave Jensen  
Shipping Address: 401 Tree Farm Drive Billing Address: PO Box 4618  
City: Carbondale Co City: Basalt  
Province: \_\_\_\_\_ Province: Co  
Postal Code: 81623 Postal Code: 81621  
Telephone: (970) 279-4099 Telephone: 970 279-4099  
Facsimile: (970) 279-4106 Facsimile: 970 279-4106  
Email: Dr.dave@winhealthinstitute.com Email: \_\_\_\_\_

I would prefer to receive my invoice via:  POST  FACSIMILE  EMAIL

Subsidiary of: WIN Health Institute Company Bank: American National Bank  
Owners Name: Dr. Dave Jensen Contact: \_\_\_\_\_  
Credit Required: \_\_\_\_\_ Bank Address: 6WS Co 81623  
Years in Business: 20 Telephone: \_\_\_\_\_

## TRADE REFERENCES

Name: Meyer DC. Address: 6333 Hudson Crossing Plaz  
Telephone: 800-577-4632 800 472 4721 Hudson, OH 44236  
Facsimile: \_\_\_\_\_  
Name: Alvine Address: 30 Doaks Ln  
Telephone: 800-736 9005 Marble, MA 01945  
Facsimile: \_\_\_\_\_  
Name: Ortho Feet Address: \_\_\_\_\_  
Telephone: 800 524 29 45 Customer Service @ orthofeet.com  
Facsimile: 888 845 1808

Credit Agreement: The information requested on this form is collected for the purpose of evaluating credit to your account. It will be used to make decisions concerning the extension, and increase, of credit on your account and to assist in account collection efforts. By completing this application you agree that the information you provide may be shared with any credit bureau or reporting agency.

Payment Terms: If credit is granted, you agree to pay all charges within 30 days of the invoice date. A 2% penalty will be added to any past-due invoices. Failure to settle your account, in accordance with the credit agreement, will result in a withdrawal of your credit facilities.

SIGNATURE: [Signature] TITLE: OWNER  
NAME: Dr. Dave Jensen DATE: 3-11-15

EDGE MARKETING SALES UNITED STATES

608 Crescent Circle | Great Falls MT 59404

toll free: 1 866 235 7653 email: support@yoursole.com