PPAI Medical™
6227 Foxfire Lane
Fort Myers, FL 33912
239-481-7725
888-801-8814
FAX: 239-481-7724

PAYMENT AGREEMENT

For initial orders to be shipped a credit application must be completed, returned and approved by PPAI Medical for shipment to occur. You will then be issued a line of credit in which to place your orders. To expedite this process, your initial order can be paid by credit card at the time the order is placed. All subsequent orders will be invoiced and may be paid by check or credit card. All credit card information will be confidential and left in your file. If you wish to submit credit card information, then no credit application will be necessary. The payment terms for all invoices are Net 30. If payment is 10 days past original Net 30, your credit card will automatically be billed. Please fill out the following information and send or fax to the above office.

_____ Date_____
Signature

_____ _____
Print Name Company

Credit Card Number

Exp Date

_____MasterCard _____VISA _____American Express

_____ I wish to apply for credit approval, please fax an application to:

(_____)_____ Attention:_____
fax number