



# [Covid Credit Application]

## Customer Information

APPLICANT (COMPANY) NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
MONTH AND YEAR BUSINESS STARTED \_\_\_\_\_  
FEDERAL TAX ID NUMBER \_\_\_\_\_

## Officers, Owners, or Board of Directors

NAME _____	TITLE _____
NAME _____	TITLE _____
NAME _____	TITLE _____

## Credit Information

PURCHASING CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
A/P CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## Amount of Credit

Requested: ☐ \$1,000 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000

To complete the Covid Credit Application, please supply the attached Trade Reference and Tax ID forms included in this package or attach a separate sheet listing the companies with which you have current credit approval.

The undersigned is authorized to release the required Credit Application information. The undersigned is further approved on behalf of the Applicant to request release of reference information to Covid Inc. in order to obtain Credit Approval. Covid Inc. can not process Applications until the following information has been fully executed.

APPLICANT (COMPANY) NAME \_\_\_\_\_  
AUTHORIZED SIGNATURE ON BEHALF OF APPLICANT \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



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## Seller's Permit

Please provide Covid, Inc. a copy of your seller's permit. If you are unable to submit a copy of your seller's permit, please complete and return the following information:

**APPLICANT (COMPANY) NAME** \_\_\_\_\_

**DBA** \_\_\_\_\_

On Behalf of the Applicant, the undersigned hereby certifies:

That the Applicant (Company) listed above holds a valid Seller's Permit No. \_\_\_\_\_  
issued pursuant to the Sales and Use Tax Law and that the Applicant is in the business of selling:

The undersigned further certifies that the tangible personal property described herein which will be purchased from Covid, Inc. will be resold by the Applicant in the form of tangible personal property. It is understood that the Applicant is required by the State and Use Tax Laws to report and pay tax. Such tax is measured by the purchase price of such property regardless of use of the purchased product.

**APPLICANT (COMPANY) NAME** \_\_\_\_\_

**AUTHORIZED SIGNATURE ON BEHALF OF APPLICANT** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**SALES CONTACT** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PURCHASING CONTACT** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_



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This sheet may be copied to include additional Bank or Trade References.

## Bank References

**COMPANY NAME** \_\_\_\_\_ **CONTACT NAME** \_\_\_\_\_  
**APPLICANT'S ACCOUNT NUMBER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

## Trade References

**1. COMPANY NAME** \_\_\_\_\_ **CONTACT NAME** \_\_\_\_\_  
**APPLICANT'S ACCOUNT NUMBER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**2. COMPANY NAME** \_\_\_\_\_ **CONTACT NAME** \_\_\_\_\_  
**APPLICANT'S ACCOUNT NUMBER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**3. COMPANY NAME** \_\_\_\_\_ **CONTACT NAME** \_\_\_\_\_  
**APPLICANT'S ACCOUNT NUMBER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_



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## Covid Company Information

Covid, Inc.  
1723 West 4th Street Tempe, Arizona 85281  
**Phone Number:** (480) 966-2221  
**Toll Free:** (800) 638-6104  
**Fax:** (480) 966-6728  
**Web Site:** [www.covid.com](http://www.covid.com)  
**E-Mail:** [sales@covid.com](mailto:sales@covid.com)

## Delivery

### F.O.B TEMPE, AZ

Covid will determine the best method of shipment unless the customer specifies, in writing, specific shipping instructions. Standard, in-stock items will ship within 24-hours from receipt of order, excluding weekends and holidays. Drop-shipments are allowed at no additional charge.

## Payment Options

Standard payment terms are C.O.D, Visa, MasterCard, American Express, Prepayment, and Net Terms. Net Terms are extended, at Covid's Discretion, based upon approved credit applications.

## Limited Warranty

Covid brand products carry a 2 year parts and labor warranty. This warranty covers defective material or workmanship only and **DOES NOT** apply to misuse or use under extreme conditions. Covid has the right to evaluate all merchandise claimed as defective. Products must be shipped to Covid prepaid freight along with proof of purchase. Products will only be evaluated after obtaining a Return Authorization Number from a Covid representative. After a product is determined defective, at Covid's sole discretion the item will be repaired or replaced at no charge. Return shipping is customers responsibility.

All other products sold by Covid are under warranty to the customer in accordance to the terms and conditions of the original manufacturer's warranty policy. Warranty takes effect on the date of shipment of product from Covid or vendor direct. The manufacturer's warranty is subject to change without notice. For specific product warranties contact a Covid representative.