



Credit Agreement

Credit Department, 7590 Commerce Court, Sarasota, FL 34243
Please print, fill out completely and fax to 941.358.8577 or email ar@mercedesmedical.com

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|--|------------------------|----------------------|------------------------|
| Legal Company Name | Website Address | Federal Tax ID | |
| Legal Address (Main Office) | City | State | Zip |
| Contact Name <i>(We may call for questions regarding this application)</i> | Title | Phone | |
| Billing/Statement Address <i>(If different than main office)</i> | City | State | Zip |
| Accounts Payable Contact | Accounts Payable Phone | Accounts Payable Fax | Accounts Payable Email |

| | | |
|--|-----------------------------|---------------------------|
| DBA or Business Trade Name of Account | Estimated Monthly Purchases | Initial Order |
| Ownership Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> (C) Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> Non-Profit Corp | \$ | \$ |
| Principal Owner(s) or Stockholder(s) | % Ownership(s) | Social Security Number(s) |
| Address of Principal Owner/Officer | City | State Zip |

REFERENCES

| | | | |
|------------------------------------|----------------|--------------|-------|
| Primary Bank/Financial Institution | Account Number | Contact Name | Phone |
| Medical Supply Provider | Account Number | Contact Name | Phone |
| Medical Supply Provider | Account Number | Contact Name | Phone |
| Medical Supply Provider | Account Number | Contact Name | Phone |

Additional Information Required *(If applicable, please attach these documents to this application):*

- Copy of Resale/Tax Exemption Certificate
- Copy of DEA Registration, State Pharmacy License, or Medical License DEA # _____ HIN # _____ Medical License #, State _____
- Copy of 3 Most Recent and Consecutive Primary Supplier Statements
- Annual Financial Statements for the Past 2 Years *(including Balance Sheet, Income Statement, and Cash Flow Statements)*

SALES AGREEMENT: The undersigned in consideration for terms of sale herein and for the extension of credit by Mercedes Medical hereby agrees that the terms of sale are defined on each order acknowledgment. A service charge of 1.5% per month (18% per annum) will be added on any past due balance. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit is brought and including fees incurred in any appeals or bankruptcy proceedings. The undersigned expressly agrees that regardless of place of payment, all suits at law or in equity for any breach of this agreement or for default in payment shall be instituted and maintained in any court of competent jurisdiction in Manatee County, Florida. The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers or form that the business operates shall be made known to Mercedes Medical. This notice shall be in writing and mailed to Mercedes Medical, 7590 Commerce Court, Sarasota, FL 34243 by Certified US Mail. The applicant hereby grants permission to Mercedes Medical to obtain from any sources any information related to its credit standings.

GUARANTY: The undersigned (individually or collectively, the Guarantor), hereby fully Guarantee and hold myself/ourselves personally responsible for the payment of the purchase price of all such goods, wares, and merchandise so sold or delivered. Should it become necessary to place this Guaranty with an attorney for collection, suit, or other legal action, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings. I/We further agree that regardless of place of payment by Principal(s), all suits at law or in equity against Guarantor(s) shall be instituted and maintained in any court of competent jurisdiction in Manatee County, Florida.

Execution of this agreement authorizes Mercedes Medical to conduct a credit investigation for the basis of establishing credit.

| | | | |
|----------------------|------------|-------|------|
| Authorized Signature | Print Name | Title | Date |
|----------------------|------------|-------|------|