

<input type="checkbox"/> NEW CUSTOMER	<input type="checkbox"/> UPDATE CUST ID _____
<u>CORPORATE/MANAGEMENT/OWNER INFORMATION</u>	
<input type="checkbox"/> Owner <input type="checkbox"/> Mgmt Co. <input type="checkbox"/> Corporate <input type="checkbox"/> Dealer Entity responsible for Facility _____ Company Name _____ (include this one)	
Street Address _____	City, State _____ Zip _____
Contact Person _____ Name _____ Title _____	
Phone () - _____	Fax () - _____
E-mail Address _____	Cell () - _____
Contact Preference? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	Bus. Hours _____
<u>CUSTOMER SHIPPING INFORMATION</u>	
<input type="checkbox"/> FACILITY ROSTER ATTACHED	
<input type="checkbox"/> Customer / <input type="checkbox"/> Facility _____	Total # of Beds _____
Street Address _____	City, State _____ Zip _____
Facility Phone Number () - _____	Fax () - _____
ADMINISTRATOR _____ Name _____ Email _____	
Contact by <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	Cell () - _____
CENTRAL SUPPLY _____ Name _____ Email _____	
Contact by <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	Hours _____ Cell () - _____
<u>CUSTOMER BILLING INFORMATION</u>	
BILL TO: <input type="checkbox"/> Owner <input type="checkbox"/> Mgmt Co. <input type="checkbox"/> Corporate <input type="checkbox"/> Customer <input type="checkbox"/> Facility <input type="checkbox"/> Other STATEMENTS TO: <input type="checkbox"/> Owner <input type="checkbox"/> Mgmt Co. <input type="checkbox"/> Corporate <input type="checkbox"/> Customer <input type="checkbox"/> Facility <input type="checkbox"/> Other	
Bill to Name _____	Attention: _____
Street Address _____	City, State _____ Zip _____
Phone () - _____	Fax () - _____ Email _____
GL Coding <input type="checkbox"/> YES <input type="checkbox"/> NO	Consolidated Invoicing <input type="checkbox"/> YES <input type="checkbox"/> NO What Entity? _____
<u>CUSTOMER SET UP</u>	
<input type="checkbox"/> PPD <input type="checkbox"/> NON-PPD	
Sale Rep _____	Assigned CSD _____ Assigned CSR _____
Tax Exempt <input type="checkbox"/> YES <input type="checkbox"/> NO	Est. Mo. Sales \$ _____ Resale Cert. attached _____ Trade Discount _____ %
<input type="checkbox"/> Credit App Attached	<input type="checkbox"/> W-9 Attached Payment Terms Requested _____ Credit Limit Requested \$ _____
DC _____	Delivery Method _____ Shipping Charge <input type="checkbox"/> YES <input type="checkbox"/> NO Labels <input type="checkbox"/> YES <input type="checkbox"/> NO
Order Day _____	Delivery Day _____ Time _____ Contract Dates _____ to _____
Previous Supplier _____	Vendor Rebates <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>PREVIOUS ACCOUNT RESPONSIBILITY</u>	
CUST ID _____	ON HOLD DATE _____ FWD INVOICES <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Name _____	Attention / Contact () - _____ Phone _____
Street Address _____	City, State _____ Zip _____
<u>CORPORATE APPROVAL</u>	
Date Submitted _____	Start Date _____ Class ID _____ Tax ID _____
New Cust ID _____	Corp Assoc. _____ Terms & Limit _____ / _____



11333 GREENSTONE AVENUE, SANTA FE SPRINGS, CA 90670
 TEL: (323) 582-9900 TOLL FREE: (877) TWIN-MED

THIS FORM IS TO BE FILLED OUT BY THE ENTITY RESPONSIBLE FOR PAYMENT.

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION	
Company name:	_____
Contact Person	_____
Phone:	_____
Fax:	_____
E-mail:	_____
Registered company address:	_____
City:	_____
State:	_____
ZIP Code:	_____
Date business commenced:	_____
Number of Employees	_____
Corporation <input type="checkbox"/>	State of Incorporation _____ Federal Tax ID _____
Three Chief Officers:	
Name	Title
_____	_____
Address	_____
_____	_____
Name	Title
_____	_____
Address	_____
_____	_____
Name	Title
_____	_____
Address	_____
_____	_____
Name of Resident Agent	_____
Address of Resident Agent	_____
Partnership <input type="checkbox"/> Names, addresses and Social Security Numbers of the partners	
Name	Social Security
_____	_____
Address	_____
_____	_____
Name	Social Security
_____	_____
Address	_____
_____	_____
Name	Social Security
_____	_____
Address	_____
_____	_____
Sole Proprietorship <input type="checkbox"/> Names, addresses and Social Security Numbers of the partners	
Name	Social Security
_____	_____
Address	_____
_____	_____
Name	Social Security
_____	_____
Address	_____
_____	_____
Name	Social Security
_____	_____
Address	_____
_____	_____
Are you sales tax exempt? Yes <input type="checkbox"/> No <input type="checkbox"/>	Resale # _____
Have you ever had credit with TwinMed, LLC before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, under what name?	_____
Purchase order required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

BUSINESS AND CREDIT INFORMATION	
Bank name: _____	Contact Person _____
Bank address: _____	Phone: _____
City: _____	State: _____ ZIP Code: _____
Type of account Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other <input type="checkbox"/>	Account # _____
BUSINESS/TRADE REFERENCES	
Company name: _____	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone: _____	Fax: _____ E-mail: _____
Type of account: _____	
Company name: _____	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone: _____	Fax: _____ E-mail: _____
Type of account: _____	
Company name: _____	
Address: _____	
City: _____	State: _____ ZIP Code: _____
Phone: _____	Fax: _____ E-mail: _____
Type of account: _____	
AGREEMENT	
<p>I represent that the above information is true and is given to induce TwinMed, LLC to extend credit to the applicant. My company and I authorize TwinMed, LLC to make such credit investigation as it sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to TwinMed, LLC any and all information concerning the financial and credit history of my company and myself.</p> <p><u>I understand and agree that any disputes or conflicts between myself (and/or my business and/or my corporation) and TwinMed, LLC arising out of or relating to any transaction between the aforementioned parties shall be adjudicated under California law. Furthermore, any and all disputes or conflicts between myself (and/or my business and/or my corporation) and TwinMed, LLC shall be adjudicated in the appropriate California Superior Court, to whose jurisdiction I hereby submit to, unless all parties stipulate otherwise in writing.</u></p>	
<p>GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE</p> <ol style="list-style-type: none"> 1. Statements are sent on the tenth day of each month. 2. All bills become payable in full according to terms and if not paid according to terms are considered past due. 3. A service charge of 1.5% per month will be added to all amounts bills if not paid according to terms. 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. 5. PERSONAL GUARANTEE: If the credit customer is a corporation. Then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation. 	
SIGNATURES	
Authorized Signature _____	Title: _____
Print Name _____	Date: _____
<p>PLEASE FAX THESE 2 PAGES TO (323) 319-1154</p>	