



PLEASE COMPLETE ENTIRE APPLICATION

CREDIT APPLICATION & TERMS AND CONDITIONS APPLICABLE TO ALL CREDIT EXTENDED

GENERAL INFORMATION

NAME OF PRACTICE: _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

PHONE #: _____ PHONE #: _____

FAX#: _____ FAX#: _____

E-MAIL ADDRESS: _____ PLEASE SIGN ME UP FOR E-MAIL/FAX BROADCAST: YES OR NO

PLEASE E-MAIL All INVOICES AND STATEMENTS TO THE ABOVE ADDRESS: YES OR NO

HOW DID YOU HEAR ABOUT US? _____ (MAIL, FAX, WEB, CUSTOMER, GPO AFFILIATION, MANUFACTURER, CONVENTION, OTHER)

OWNERSHIP: Please check all that apply: Corporation Partnership Sole Proprietor Hospital Other (please specify) _____

NAME OF DOCTOR: _____ (Required if DEA license is not listed.)

DEA LICENSE #: _____ (Include a voided copy of Doctor's DEA License) EXP. DATE: _____

STATE LICENSE #: _____ (Copy of State License # is required) EXP. DATE: _____

WHOLESALE LICENSE #: _____ (Copy of Wholesales License is required) EXP. DATE: _____

YEARS IN BUSINESS: _____ FEDERAL TAX ID #: _____

TAX EXEMPT: YES OR NO TAX EXEMPT. CERT. # _____
(Copy of Tax Exemption Certificate is required)

ORDERING PERSON: _____ DUNS #: _____

TYPE OF PRACTICE: _____ A/P CONTACT: _____

OFFICE HOURS: _____ A/P PHONE #: _____

PAYMENT TERMS: "NET 30 DAYS", UNLESS OTHERWISE STATED ON THE INVOICE. (VISA/MC/AMEX (POINT OF SALE ONLY!))

SOME APPLICANTS MAY BE ASKED TO PROVIDE REFERENCES AND/OR ADDITIONAL FINANCIAL INFO.

I acknowledge and agree to the following **TERMS AND CONDITIONS:**

Revised 07/15/10

2. I understand that the above information is given for the purpose of obtaining credit information, and I certify that the above information is complete and accurate as of the date of this application. I authorize you to contact these references and for them to release any financial information required by Seacoast Medical, LLC
3. This credit application and all agreements to extend credit hereunder is made and entered into in the State of Nebraska, County of Sarpy, and shall be construed in accordance with the laws of the State of Nebraska. With regard to any disputes which arise out of this Credit Application or any credit extended hereunder, all parties consent to personal jurisdiction in Nebraska and exclusive venue within the state courts of Sarpy County or federal courts located in Omaha, Nebraska. In the event suit is brought or an attorney or collection agency is retained by Purchaser to enforce these terms and conditions or to collect any money due hereunder, or to collect any money damages for breach hereof, Purchaser shall be entitled to recover, in addition to any other remedy, reimbursement for reasonable attorney's fees, court costs, costs of investigation, and other related expenses incurred in connection therewith.
4. I agree that interest not to exceed 18% per annum will be charged on all past due balances that exceed the terms specified by the seller.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____



TERMS AND CONDITIONS

- 1) **PAYMENT TERMS:** Each invoice is due on or before the due date specified on the invoice. A monthly service charge of 1.5% will be applied to all invoices paid after the due date shown on the invoice. Statements will be sent out once a month. Please use statements to verify you have received all open invoices. We accept Visa, Mastercard, and American Express for ordering convenience. However, when making payment by credit card the credit card information must be provided to your customer service representative when you place your order. Your credit card will be processed the same day the order is shipped (Point of Sale). Credit cards cannot be used in conjunction with other payment terms i.e. "Net 30".

Please send payments to: Seacoast Medical, LLC
13423 Lynam Drive
Omaha, NE 68138

If you have any questions, please contact: Scott Brown-Controller and/or Carmen Thorne-A/R
(402) 593-1360 --- Local
(800) 243-5126 --- Toll Free Phone
(877) 681-6544 --- Toll Free Fax

- 2) **PRICE PROTECTION:** None. Prices are subject to manufacturer price increases without notice. We will attempt to notify customers of price changes in advance, when possible.
- 3) **SHIPPING CHARGES:** All shipped orders under \$100.00 will be assessed a \$12.00 shipping/handling charge.

All shipped orders over \$100.00 will be shipped freight free, with the following exceptions.

- All shipped orders will incur a fuel charge of \$1.50 per invoice/shipment.
 - All shipped orders to Hawaii and Alaska customers will incur all freight charges.
 - All Medical Supply orders are shipped via UPS Ground only. All other freight requests will be incurred by customer.
 - All C-II orders will be shipped separately via UPS Ground and assessed an \$8.00 shipping/handling fee.
 - C.O.D. customers will be shipped via UPS, incur all freight and C.O.D. charges. All refrigerated items sent outside our one day UPS Ground delivery zone will be shipped via UPS 2-Day Ground or UPS 2-Day Air. If the customer requests Next Day Air (Saver) by 5:00 PM, a \$26.00 overnight charge will be added to the invoice. If UPS Next Day Air Saver is not available, the rate difference between UPS Next Day Air and UPS 2-Day Air will be added to the customer's invoice.
- 4) **SHORTAGE, DAMAGES, and CLAIM:** We will take the necessary steps to package your order completely and carefully; however, if you experience any of the following problems, refer to our Return Policy.
- Damaged or broken merchandise
 - Shortage, excess, or incorrect item(s)
 - Incorrect billing
- 5) **RETURN POLICY:**
- All claims should be made within 48 hours of receipt of goods.
 - Please request a Seacoast Return Authorization Form.
 - All expired product (s) must be shipped prepaid with a completed Returns Good Authorization Form.
 - All expired Controlled Substances (C2's, C3's, C3N's, C4's and C5's) are non-returnable. (Please instruct customer to use DEA Form 41)
 - Credit for returned merchandise will be at the lower of the prevailing price, or the invoice price.
*******No refund checks will be issued*******
 - Refrigerated items are non-returnable unless shipped in error by Seacoast Medical. Please contact your customer service representative to arrange for special shipping instructions.
 - Products ordered in error are returnable and incur a shipping charge.
 - Saleable non – refrigerated goods, (returned within 30 days and/or returned with at least 6 months dating prior to its expiration date and is in re-saleable condition), will receive 100% credit.
 - If returned after 30 days, a 15% **handling/reprocessing fee** will be assessed.
 - Manufacturers' return policies will apply to all outdated, damaged, or seasonal merchandise.
 - All unauthorized returns will not be eligible for credit.
 - No deductions can be taken until a credit memo has been issued by Seacoast Medical.