

TERUMO MEDICAL CORPORATION  
2101 Cottontail Lane  
Somerset, New Jersey 08873  
Attn: Credit & Collections  
Tel # (800) 283-7866 Fax # (732) 412-4121

**NEW ACCOUNT APPLICATION AND CREDIT AGREEMENT**

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Send Invoices to Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County/Parish/District \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax#: \_\_\_\_\_

\*Federal Tax ID #: \_\_\_\_\_ \*Tax Exemption #: \_\_\_\_\_

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**Shipping Location:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**\*If there are multiple "Ship To" locations, please attach list of locations to this application\***

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<u>Name of Owner/Partner</u>	<u>Title</u>	<u>% of Bus</u>	<u>Social Security #</u>
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If a Hospital, please provide the name and address of the individual, corporate organization, or governmental unit which operates this hospital:

**\* ACCOUNTS PAYABLE CONTACT INFORMATION:**

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate if your location is a:                      (circle)  
Subsidiary      Division                      Branch                      Affiliate                      Franchise

Name and address of Parent Company: \_\_\_\_\_

**\*Which Terumo product lines are you interested in purchasing?  
I.e. Interventional, Blood Bags, and or Syringes**

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**\*TRADE REFERENCES**

<b>Name of Principal Medical Supplier</b>	<b>City &amp; State</b>	<b>Telephone &amp; Fax#</b>	<b>*Account Number</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Please be advised that the large distributors such as PSS, Cardinal, Fisher, Sysco, Owens & Minor and Henry Schein do not supply Trade References**

**\*BANK REFERENCE**

**\*Some institutions require a signature authorizing the release of any information, please sign below \***

**Name of Bank:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Bank Officer:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Type of Account:** \_\_\_\_\_

**I authorize, \_\_\_\_\_, to release requested bank  
reference**

**(Banking Institution Name)**

**information to Terumo Medical Corporation, for the sole purpose of establishing a new account. Please  
make sure this signature is authorized with your banking institution.**

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<b>Authorized Banking Representative</b>	<b>Title</b>
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We would like to thank you at this time for your interest in doing business with Terumo Medical Corporation. Please allow up to 2 weeks for the application process. However we aim to process your application within 72 business hours, depending upon how quickly your references respond. If you are in need of the product immediately, please consider a first order one time credit card purchase. If interested please indicate so on your application.

To help expedite the process please ensure all areas marked with an asterisk are completed as your application will be deemed incomplete.

**CREDIT AGREEMENT**

**TERMS OF SALE:** The standard terms of sale of Terumo Medical Corporation, (Seller), is NET 30 Days from the date of the invoice, unless the buyer receives authorization from Seller's management stating otherwise.

**FINANCE CHARGE:** A late payment finance charge may be computed at the highest rate permitted by Law, but in no event will it be less than 1.5% per month, or an annual rate of 18% on all amounts remaining unpaid 30 days after invoice date.

**DEDUCTIONS:** Allowance shall be made by the Seller for shortages and/or errors conditionally on the Buyer's written claim for said shortages and/or errors within 30 days of the date of delivery of the goods giving rise to such claim. Seller shall not be liable for more than the price originally charged for any shortage or error.

**RETURNS:** The buyer must obtain pre-approved written authorization from the Seller prior to returning merchandise. All returns must comply with the Returned Goods Policy as stated on the back of the current price list.

In consideration of, and in order to induce Terumo Medical Corporation, to establish a line of credit based of the foregoing application, the company/corporation/individual promises to pay for purchases in accordance with the Seller's terms of sale. In the event it becomes necessary for the seller to incur collection costs or institute suit to collect any amount due under this credit agreement, or any portion thereof, the company/corporation/individual shall pay all collection costs, charges, and expenses, including reasonable attorney's fees incurred by the seller in the collection of past due amounts. This agreement and all related business transactions with Terumo Medical Corporation shall be governed by the laws of the State of New Jersey. In case of any litigation between the parties, the Buyer expressly agrees to accept the exclusive jurisdiction of the courts of New Jersey and waives any objection to the exercise of such personal jurisdiction over him or it.

The information and statements in this application are true and complete and are made for the purpose of establishing a line of credit with the Seller. Should any such information or statement, subsequent to their submission to the Seller change or in any way become false, misleading or incomplete. Buyer shall notify Seller in writing. The person executing this Credit Agreement is an authorized representative of the Buyer and is empowered to bind the Buyer to the terms and conditions of this Credit Agreement.

**BUYER:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corporate Seal**