

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

Instructions: Please fill out all 3 sections.
Part 1 – Company Information, Trade & Bank
References
Part 2 – Credit Agreement
Part 3 – Terms & Conditions
Fields marked with an * asterisk are mandatory.
Signatures are required on Pages 2, 3 & 4

NEW ACCOUNT APPLICATION

Part 1. Company information

Send Invoices to Company Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

*County/Parish/District _____

Tel #: _____ Fax#: _____

*Federal Tax ID #: _____ *Tax Exemption #: _____

Company Website: _____

Shipping Location:

Address: _____

City: _____ State: _____ Zip Code: _____

Tel #: _____ Fax #: _____

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

<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:
Subsidiary Division (circle) Branch Affiliate Franchise

Name and address of Parent Company: _____

***Which Terumo product lines are you interested in purchasing? Syringes, Catheters or Wing Infusion products, Blood Pressure monitor, other**

***TRADE REFERENCES**

Name of Principal Medical Supplier	City & State	Telephone & Fax#	*Account Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

***BANK REFERENCE**

***Some institutions require a signature authorizing for 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.

Authorized Banking Representative

Title

We would like to thank you at this time for your interest in doing business with Terumo Medical Corporation. Please allow up to 7-10 business days for the application process. If you are in need of the product immediately, please consider a first order one time credit card purchase via Visa or MasterCard only. 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.

Part 2. 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

Part 3. Terms and Conditions

Are you currently a member of IMCO (Independent Medical CO-OP, Inc)? Yes____ No____

To be set up as a "New Terumo Distributor" you agree to the follow outlined below. The Terumo Sales Representative for your area will be notified to discuss your request when you sign and return this document via fax # 732.412.4121 or email jack.fuchs@terumomedical.com

You agree to:

- 1) **Provide sales tracings information to Terumo Medical Corporation.**
- 2) **Initial purchase of \$5,000 worth of products from the Terumo Medical Products division and \$25,000 per year thereafter.**
- 3) **Send a copy of your ReSale Certificate along with your credit application.**
- 4) **Agree to a credit check and you agree to provide all information necessary towards the successful completion of a credit check.**

Please sign below and fax back to 732.412.4121. Attn: Credit Department

Authorized Signature: _____

Print Name: _____ Title: _____ Date: _____

Terumo Medical Corporation looks forward to doing business with you. We take becoming a new distributor seriously. The following conditions are included as part of becoming a distributor for Terumo Medical Corporation.

1. ***The Credit department will submit your D&B Status, your references, your credit application and other necessary information*** to the Contract Department for final approval and pricing.
2. ***The process takes about 7 -10 business days*** at which time we will notify you in writing, fax, or email of your new customer number, pricing, and product literature.
3. ***Once you receive your new customer number***, you can begin to place orders for Terumo Medical Products **directly**.

Thank you for doing business with Terumo Medical Products division of Terumo Medical Corporation.

Jack Fuchs

Contract Administrator

Terumo Medical Products

Terumo Medical Corporation

Jack.fuchs@terumomedical.com