



NEW ACCOUNT APPLICATION AND AGREEMENT

Date: _____ Duns Number: _____

Company Name: _____

D.B.A.: _____

Is this company incorporated? (Circle one) Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person & Title: _____

Federal Tax I.D. Number: _____

Medicare/Medicaid Number: _____

Tax Exempt or Resale Number (Attach Certificate): _____

Principals (Name & Title): _____

Type of Business: _____ Years in business: _____

PRIMARY BANK INFORMATION

Bank Name: _____ Checking Account Number: _____

Phone: _____ Fax: _____

TRADE REFERENCES

1) Name: _____ Account Number: _____

of Years Associated: _____ Phone: _____ Fax: _____

2) Name: _____ Account Number: _____

of Years Associated: _____ Phone: _____ Fax: _____

3) Name: _____ Account Number: _____

of Years Associated: _____ Phone: _____ Fax: _____

4) Name: _____ Account Number: _____

of Years Associated: _____ Phone: _____ Fax: _____

Estimated monthly purchase(s) / Credit Limit Request \$ _____
Credit requests greater than \$10,000.00 require the applicant to submit their most current financial statement.

ACCOUNT AGREEMENT AND TERMS OF SALE

The undersigned hereby applies to Value Providers Inc. and contracted affiliates for credit. It is understood and agreed that the undersigned specifically consents VPI investigating the applicant's credit history which may include the use of "Third Party" Commercial Credit Reports for the purpose of extending credit.

Prices are subject to change without notice. The most recent price list supersedes previously published price lists.

VPI terms are Net 30 days from the invoice date. A finance charge of 2% will be charged on outstanding balances which are 30 days past the invoice date. Orders will not be shipped on delinquent accounts. VPI reserves the right to terminate open account credit at any time. If default of payment occurs, then customer agrees to pay any and all attorney's fees and collections costs, up to and including asset seizure.

All orders will be shipped UPS Ground and/or USPS unless specified otherwise. UPS and/or USPS charges and a small handling charge will be added to your bill. Shipments outside the continental US will be billed accordingly.

Notification of shortages and/or damages must be made within 48 hours of receipt. All returns for credit require a Return Merchandise Authorization number (RMA#) from the VPI Customer Service Department. This number is valid for 30 days. A copy of the invoice must accompany the return for proper credit to be issued. All goods will be inspected prior to issuing a credit. Returns on stocked items due to errors in ordering or overstocks, when returned in resalable condition will receive:

- 1) Full credit for returns within 14 days.
- 2) 15% restocking charge for returns within 15-45 days.
- 3) Returns over 45 days or for any returns of Special Order items, please call Customer Service.

Shipping charges on all returned goods will be incurred by the customer.

Defective products require a RMA# from our customer service department. A detailed description of the defect must be included with the return. Shipping must be prepaid by the customer, no COD accepted. Replacement/credit of defective product will be made after inspection and agreement by HME and the manufacturer. Manufacturer's warranty has first priority.

In consideration of credit granted by VPI, the undersigned personally guarantees any and all charges and/or money due. This sum to include any and all attorneys' fees and collection costs. In the event payment is demanded by VPI, the undersigned agrees to make payment within 30 days.

My signature is to attest that I have read, understand and agree to the above Agreement and Terms of Sale Policy. I understand that the Terms of Sales Policy may change at any time, and that I will be advised by mail of any changes.

If a corporation, this agreement and application MUST be signed by an OFFICER.
If a partnership, this agreement and application MUST be signed by ALL GENERAL partners.

(DATE) (SIGNATURE) (TITLE)

(Name (Type or Print))

If additional applicants need sign, please make copies and return with original application

Below this line is for VPI Use Only

Information Verified: Yes No Credit Limit Approved Amount: _____ Employee ID: _____

Approve Date: _____ Signature: _____