



BioCARE, Inc. New Account and Customer Credit Application

Please read all information carefully

<p>1) "Bill To" Account Information</p> <p>Legal Business Name _____</p> <p>Primary Phone Number _____ Fax _____</p> <p>Billing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Purchasing Contact _____ Phone # _____</p> <p>Purchasing Contact Email _____</p> <p>A/P Contact Name _____ Phone # _____</p> <p>A/P Contact Email _____</p> <p>Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, attach tax-exempt resale certificate title)</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> 501 C3 (non-profit)</p> <p>Federal ID # _____ DUNS # _____</p> <p>Authorized Officer Name, Title, and Phone # _____</p>	<p>5) Estimated Monthly Purchase (Please check the appropriate box)</p> <p><input type="checkbox"/> \$0-5,000</p> <p><input type="checkbox"/> \$5,001-\$20,000</p> <p><input type="checkbox"/> \$20,001-\$50,000</p> <p><input type="checkbox"/> \$50,001-100,000</p> <p><input type="checkbox"/> \$100,001-\$250,000</p> <p><input type="checkbox"/> \$250,000+</p> <p>Is your organization a member of a Group Purchasing organization (GPO)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Primary affiliation _____</p>
<p>2) "Ship To" Address</p> <p>Delivery Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____ Fax _____</p> <p>Contact Name _____</p> <p>Email Address _____</p>	<p>6) Type of facility the product will be shipped to (Please check the most appropriate box)</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Hospital Outpatient Clinic</p> <p><input type="checkbox"/> Blood bank</p> <p><input type="checkbox"/> Oncology/Hematology</p> <p><input type="checkbox"/> Home Infusion</p> <p><input type="checkbox"/> Long-term care</p> <p><input type="checkbox"/> Government/City/State</p> <p><input type="checkbox"/> Specialty Pharmacy</p> <p><input type="checkbox"/> Infusion Suite</p> <p><input type="checkbox"/> Physician-specialty _____</p> <p><input type="checkbox"/> Clinic-specialty _____</p> <p><input type="checkbox"/> Other-please specify _____</p>
<p>3) Bank References</p> <p>Bank Name _____ Account # _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number _____ Fax _____</p> <p>Contact Name _____</p> <p>Email Address _____</p> <p>Have you filed for bankruptcy or are there any suits, liens, or judgments filed against the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Person Authorized to Release Bank Information _____</p>	<p>If you require multiple ship-to addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.</p>
<p>4) Pharmaceutical Credit References</p> <p>Name _____ Account # _____</p> <p>How long? _____ Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Name _____ Account # _____</p> <p>How long? _____ Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Name _____ Account # _____</p> <p>How long? _____ Contact Name _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p>	<p>7) Licensing</p> <p>License Type _____</p> <p>License # _____</p> <p>Exp. Date _____</p>
<p>8) DEA and HIN</p> <p>DEA (Drug Enforcement Agency) license _____</p> <p>HIN (Health Industry Number) _____</p>	

Please sign and scan to BioCAREAccSetup@biocare-us.com
OR fax application and licenses to: 602-850-6215 – New Accounts Setup

For Official BioCARE, Inc. USE ONLY	
Date Received _____	Submitted by: _____
Initial Sale (Estimated) _____	Annual Sales (Estimated) _____
Finance Department Approver _____	Credit Limit \$ _____



Please read all information carefully

Terms and Conditions

This is an application to establish a credit line with BioCARE, Inc.

Payment: Payment terms are net 30 days from the invoice date unless other terms have been approved in writing by BioCARE, Inc. A per month charge of 1.5%, or the maximum rate allowed by law, whichever is the lesser rate, will be added to any balance not paid by the Due Date. We may also terminate your Credit Line immediately if not paid by the Due Date if BioCARE, Inc. has not approved, in writing, alternative payment arrangements. Upon termination, we are not obligated to provide any services or products to you. Prices are subject to change without notice. Customer agrees to pay all costs and fees, including attorney's fees, if the account is placed in collection. Your Credit Line and the terms hereunder are governed by the laws of the State of Arizona.

Credit Reports: You agree we may obtain credit reports and other information about you from credit agencies and other sources at all times you have a Credit Line with us or an amount due to us under your Credit Line.

Amendment: We may amend the terms of your Credit Line by sending you written notice. Your acceptance of the change of terms will be agreed upon when you place an order on or after the date of notification. Any amendment may include a change in the time period to pay, any deposit we require (or of any additional amount required), amount of credit available under your Credit Line, or additional terms we may add.

Credits and Returns: Credit for merchandise returned will only be issued for items that BioCARE authorized for return, in compliance with BioCARE's return policy. The customer's account will show all credits and can be used for future purchases. The customer has 48 hours from receipt of the product to report any order discrepancies. BioCARE has no obligation to issue credit for order discrepancies not reported within the 48 hours.

Orders and Shipping: Customers that belong to a Group Purchasing Organization(GPO) that have a current contract with BioCARE, will be charged shipping charges based on the GPO contract terms for contracted items. Non-GPO customers will be liable for all related shipping charges. BioCARE can only ship to the address shown on a valid state-issued license, Registration Permit and/or license, as applicable or as otherwise permitted by law, rule or regulation.

Own Use: The Products are purchased for the sole use of the Purchaser as an end-user and will be used solely for patient medical care in accordance with a physician's order. The Products will not be sold, assigned, distributed, or otherwise transferred to any person or entity outside of Purchaser's organization.

Warranty. There are no expressed or implied warranties under this agreement, including any warranty of merchantability, non-infringement, or fitness for a particular purpose, our sole obligation and your exclusive remedy for breach of any warranty will be, at our option, to repair or replace the product.

Limitation of Liability: In no event shall BioCARE be liable whether in contract or tort or otherwise, for any indirect, incidental, consequential, or special damages or losses of any nature or for lost revenue, lost profits, or lost business arising out of your purchases from BioCARE or the use of products or BioCARE's failure to deliver ordered products. In no event shall BioCARE's liability for any order under this agreement exceed the fees actually paid by you for such order.

Confidentiality: You agree that all information provided under this Agreement and your purchase terms including price and this Agreement are confidential and may not be disclosed to third parties.

Notices: You must notify us in writing at the address listed below when you change any information requested on this Credit Application.

BioCARE, Inc.
2826 S. Potter Drive
Tempe, AZ 85282
Attn: President

Please sign and SCAN to: BioCAREAccSetup@biocare-us.com
or FAX to BioCARE, Inc.: 602-850-6215 – Attention: New Accounts Setup

I hereby represent and warrant that BioCARE has authority to bind customer to the terms and conditions set forth above. Furthermore, the customer agrees to comply with the above terms and conditions and authorizes the release of credit information to BioCARE.

The information provided in this document is true and correct. I have completed and have the authority to sign this document on behalf of the Applicant and agree to be bound by the BioCARE, Inc. Terms and Conditions. I hereby authorized Bank and Trade References to provide credit and financial information as reasonably necessary to establish a line of credit with BioCARE, Inc.

Print Name and Date

Title

Signature of Principal/Authorized Officer

BioCARE, Inc.
2826 S. Potter Drive
Tempe, AZ 85282
800-304-3064/602-850-6221
www.biocare-us.com

