



DOMESTIC CREDIT APPLICATION & MEDICAL DEVICE AGREEMENT

COMPLETE FIRM NAME: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

SHIPPING ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

PREFERRED SHIPPER: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

PURCHASING CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

E.I.N. # \_\_\_\_\_ STATE RESALE OR EXEMPTION #: \_\_\_\_\_ (PLEASE ATTACH COPY)

BANK REFERENCE: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

PHONE: \_\_\_\_\_

TRADE REFERENCES

1. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Applicant agrees that the above information is true to the best of applicant's knowledge. Applicant agrees to pay all invoices for goods sold to it from Sleepnet Corporation at the prices established by Sleepnet on the basis of net thirty (30) day terms, and any finance charges, based on the maximum limit permitted by law, assessed on the unpaid balance due if not paid within terms.

Applicant agrees to be responsible for providing a clear path of traceability, not to alter the product and to only distribute it in countries where it can be legally marketed. Applicant agrees to record notification of complaints, anomalies, mishaps and failures associated directly or indirectly, or suspected as such by the complainant, which involve the Product. The Applicant agrees to record the lot number of all Products and the distribution destination. Further, in the event of a corrective action such as, but not limited to, product recall, voluntary withdrawal or user advisory, the Applicant shall provide complete and accurate records of recipients of implicated lots, or reproduce and distribute notification of the action on behalf of Sleepnet. The Applicant agrees to maintain records for no less than five (5) years after the creation of the record.

APPLICANT'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*APPLICATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE\*\*\*\*\*

SLEEPNET USE ONLY:

SALES: \_\_\_\_\_ CREDIT: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_