



**INTERNATIONAL CREDIT APPLICATION
&
MEDICAL DEVICE AGREEMENT**

COMPLETE FIRM NAME: _____ DOING BUSINESS AS: _____

ADDRESS: _____

CITY: _____ COUNTY/PROVINCE: _____

ZIP/POST CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

PURCHASE CONTACT: _____ PHONE: _____ EMAIL: _____

BILLING CONTACT: _____ PHONE: _____ EMAIL: _____

METHOD OF PREPAYMENT (CHOOSE ONE): WIRE TRANSFER

CHECK

CREDIT CARD VISA® MASTERCARD® AMEX®

IF CREDIT CARD:

NAME ON CARD: _____ COMPANY PERSONAL

ADDRESS: _____

CARD NUMBER: _____ EXPIRATION DATE: _____ CVC: _____

BANK REFERENCE:

BANK: _____ CONTACT: _____

ADDRESS/BRANCH: _____

CITY: _____ COUNTY/PROVINCE: _____

ZIP/POST CODE: _____ COUNTRY: _____ ACCOUNT NUMBER: _____

TELEX NO.: _____ SWIFT CODE: _____

MEDICAL PRODUCT RESALE LICENSE NUMBER, ESTABLISHMENT LICENSE, OR EQUIVALENT:

Please include copy with application form. _____

NATURE OF BUSINESS _____



INTERNATIONAL APPLICATION

SHIPPING ADDRESS: _____

TELEPHONE: _____ FAX: _____

VAT NUMBER: _____

PREFERRED SHIPPER: _____ ACCOUNT NUMBER: _____

TERMS AND CONDITIONS

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.

The Distributor 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. In the course of recording such notification, the Distributor agrees to make a complete and accurate record, and to relay each and every record without delay to the Manufacturer unless such actions are prohibited by the data protection statutes of such applicable countries. The undersigned agrees to maintain records for no less than five (5) years after the creation of the record, or until the termination of this Agreement. Further, at the termination of this Agreement, the Distributor agrees to provide to the Manufacturer complete and accurate records accumulated as a result of this Section unless such actions are prohibited by the data protection statutes of such applicable countries.

The Distributor agrees to record the lot number and/or serial 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 Distributor shall provide complete and accurate records of recipients of implicated lots and serial numbers, or reproduce and distribute notification of the action on behalf of the Manufacturer at the Manufacturer's option. The Distributor agrees to maintain records for no less than five (5) years after the creation of the record.

The Distributor agrees not to alter the product and to only distribute it where it can be legally marketed.

AUTHORIZED SIGNATURE: _____ **TITLE:** _____

PRINTED NAME: _____ **DATE:** _____

SLEEPNET USE ONLY:

SALES: _____ CREDIT: _____ DATE: _____

BUSINESS TYPE: _____