

Domestic Credit Application & Medical Device Agreement

Your privacy is important to us. We take all necessary precautions to ensure the security of your financial and personal data. We use industry-standard encryption protocols to safeguard your information during transmission and storage. All data submitted through this form is encrypted using 256-bit SSL (Secure Socket Layer) technology.

Company Firm Name: _____ DBA: _____

Billing Address: _____
Street City State ZIP

Shipping Address: _____
Street City State ZIP

Phone Number: _____ Fax #: _____

Preferred Shipper: _____ Account #: _____

Purchasing Contact: _____ Phone: _____ Email: _____

Billing Contact: _____ Phone: _____ Email: _____

Email to Send Invoice: _____

E.I.N. #: _____ State Resale or Exemption #: _____
(Please Attach copy)

Payment Method (Choose One):

Wire Check ACH Credit Card

Bank Reference: _____ Account Number: _____

Bank Address: _____
Street City State ZIP

Trade References

Reference 1

Company: _____ Contact: _____

Phone: _____ Email: _____

Reference 2

Company: _____ Contact: _____

Phone: _____ Email: _____

Reference 3

Company: _____ Contact: _____

Phone: _____ 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: (Do not fill out the below fields)

Sales: _____ Finance: _____

Date: _____ Business Type: _____
