

SALES REP # _____

COMPANY NAME _____

SHIPPING ADDRESS _____

BILLING ADDRESS _____

CONTACT NAME _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

BUSINESS STRUCTURE CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

IN BUSINESS SINCE _____ NO. EMPLOYEES _____

TAX ID _____

COMPANY PRINCIPALS

NAME: _____

TITLE: _____

ADDRESS: _____

NAME: _____

TITLE : _____

ADDRESS: _____

FINANCIAL REFERENCE

BANK NAME: _____

STREET OR P.O. BOX: _____

TELEPHONE: _____

ACCOUNT NUMBER : _____

CONTACT: _____

SALES REP # _____

PURCHASING TERMS AND CONDITIONS

1. The undersigned certifies all information provided is correct and authorizes the bank and trade reference listed to release the information necessary to establish credit with VQ OrthoCare.
2. The undersigned acknowledges VQ OrthoCare's terms of Net 30 days and that a service charge may be applied to accounts over 30 days old. These service charges will accrue at the rate of 1 1/2% per month (18% per annum or the maximum allowed by law).
3. The undersigned acknowledges that goods and/or services purchased from VQ OrthoCare are not payable in installments, but are payable in full as stated herein.
4. In the event that collection of account requires services of a collection agency or attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney's fees and cost of collection.
5. Orders are produced under the industry's general trade practices and customs.

I, _____, authorize VQ OrthoCare or its agent to obtain a credit report for the purpose of establishing a credit relationship. Upon approval of credit, I agree to pay our account according to the terms granted and I acknowledge that I have read and fully understand this application.

AUTHORIZED SIGNATURE _____ **DATE** _____

TITLE _____

****PLEASE ATTACH A VALID AND CURRENT COPY OF YOUR 'CERTIFICATE OF RESALE' WITH YOUR CREDIT APPLICATION, IF YOUR BUSINESS IS TAX EXEMPT. SALES TAX WILL BE CHARGED FOR ALL ORDERS SUBMITTED WITHOUT A VALID 'CERTIFICATE OF RESALE', 'RESELLER'S PERMIT' OR 'CERTIFICATE OF EXEMPTION'.

**FAX TO 800.652.1126 OR E-MAIL SCANNED COPY
(WITH ORIGINAL SIGNATURE) TO WHOLESALE@VQORTHOCARE.COM**