

Sempermed USA, Inc · 13900 49th St N · Clearwater, Florida 33762

Office (727) 787-7250 · Fax (727) 787-7558

EMAIL: Customer.Service@SempermedUSA.com

CREDIT APPLICATION

All sections must be completed in order to process the application, including signatures in Sections 4 and 7.

TERRITORY # 264		GROUP AFFILIATION:		
SALES REP Cannon Marketing		CO. PUBLICLY TRADED?	CIRCLE ONE YES NO	TICKER SYMBOL:
		REQUESTED PAYMENT TERMS:		
Circle <u>all</u> that apply: Container Cust Dist Ctr Cust		\$ CREDIT LINE REQUESTED:		
SPECIAL REQUESTS AND/OR CONSIDERATIONS:				
SEC 1: APPLICATION FOR CREDIT BEING MADE BY (Please Print)				
COMPANY APPLYING:			FEIN/SSN#	:
CORPORATE ADDRESS:			DUNS #	:
CITY, STATE, ZIP:			# OF LOCATIONS	:
ACCOUNTING CONTACT NAME:			CONTACT PHONE #	:
ACCOUNTING CONTACT TITLE:			EXTENSION	:
ACCOUNTING E-MAIL ADDRESS:			CONTACT FAX #	:
SEC 2: FOLLOWING MUST BE PROVIDED & WILL BE HELD IN UTMOST OF CONFIDENCE:				
Company applying is a: O CORPORATION		O PARTNERSHIP O INDIVID	UAL OLLC:	
lr	ncorporation Date:		State of Incorporation:	
Principal Name(s)				
Title(s)				
Complete Address:	Telephone Number:			
2011-1011		Email Address:		
Sales Contact:			Telephone Number:	
Fax:			Email Address:	
SEC 3: BANK INFORMATI	ON			
Bank Name:			Phone Number:	
Bank Address:			Email Address:	
Bank Contact			Fax Number:	
SEC 4: ONLINE ORDERING INFORMATION				
Username:				
Preferred Password:				
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE AND GRANT PERMISSION TO SEMPERMED USA, INC. TO OBTAIN FROM ANY CREDIT SOURCE OR AGENCY LISTED ABOVE COMPLETE CREDIT INFORMATION AS IT PERTAINS TO THIS APPLICATION FOR CREDIT.				
SIGNED:			TITLE	
(Print Name Here)			DATE	
(runo riolo)				



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SEC 5: BLANKET CERTIFICATE OF RESALE				
THE UNDERSIGNED CER PURCHASED FROM:	RTIFIES THAT THE FOLLOWING DESCRIBED PROPERTY: SEMPERMED USA, INC. AFTER:			
IS PURCHASED FOR THE	FOLLOWING PURPOSE:			
0				
_				
0 0 8	Resale as a tangible personal property			
	To be incorporated as a material or part of other tangible personal property to be produced for To be exported for sale, use, or consumption outside the continental limits of the United States			
	To be sold outside seller's state Other:			
	Describe			
This certificate shall be considered a part of each order which shall hereinafter be placed. This is to continue in force until revoked in writing. Please attach a copy.				
	ATION(S) Please attach additional page if necessary			
CHIPPING LOCATION (4)	IF SHIP TO LOCATION IS SAME AS ADDRESS IN SECTION 1, PLEASE CHECK HERE			
SHIPPING LOCATION (1)				
ADDRESS, CITY, STATE, AND ZIP SHIPPING LOCATION (2)				
ADDRESS, CITY, STATE, AND ZIP				
SHIPPING LOCATION (3)				
o.m 2.2				
ADDRESS, CITY, STATE, AND ZIP				
SEC 7: TERMS OF C	REDIT			
the credit terms on vendor invoice agrees to notify vendor in writing consideration of any extension of the undersigned agrees to pay all	tain any necessary credit information at any time from any source and agrees to pay for purchases according to es. Applicant warrants that all information appearing on this form is true and correct as of the date below and within thirty (30) days of any change in business organization, financial condition or controlling ownership. In credit by SEMPERMED USA, INC. should and indebtedness not be paid in accordance with the terms of credit, costs of collection, including reasonable attorney's fees at both the trial & appellate levels. Attorney's fees and it be brought or not. This agreement is interpreted and governed by the laws of the State of Florida. Venue for in Pinellas County.			
APPLICANT: SIGNATURE / TITLE:	DATE:			
	rages of this Credit Application to Customer Service at: (800) 763-5491 or (727) 787-7558. If you have a my Credit Profile sheet, you may include it, and write "See Attached" in Section 4 of this form. Thank you.			