



Customer Account and Credit Application

ACCOUNT SETUP PROCEDURES:

- Please fully complete the Customer Application
- You may download and complete this form by visiting ... www.westprimehealthcare.com
(Scroll down to the **COMPANY** banner and click on **Customer Credit Application**)
- Scan and e-mail the completed form to: accounting@westprime.com; or
- You may fax your completed form to: 1.714.529.3344
- You may also mail your form to: WestPrime Systems, Inc.
Attention: Accounting
9087 Arrow Route, Suite 225
Rancho Cucamonga, CA 91730-4489
- Once received, a valuation will be performed by WestPrime Systems, Inc. in order to determine your account payment terms and credit limit. A WestPrime Systems, Inc. customer service account representative will then quickly notify you of your account terms and credit line.
- If you would like expedited servicing, please provide a credit card for the prepayment of your first WestPrime Systems, Inc. order. This will allow us to begin processing your order immediately, while we process your credit application.

PLACING AN ORDER:

Please e-mail your order to: customerservice@westprime.com, or fax it to 1.714.529.3344

If you have questions regarding this form or order placement, please do not hesitate to call on us.

Best regards,

A handwritten signature in cursive script that reads "Judith Lopez".

Judith Lopez
Accounting Manager
E-mail: accounting@westprime.com



Customer Application

Business Information:

Business Name: _____ EIN: _____

Business Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ Website: _____

Business Type: Sole Proprietorship General Partnership Limited Partnership Corporation

Limited Liability Partnership Limited Liability Company Nonprofit Corporation

State of Entity Formation: _____ Seller's Permit #: _____

Medical Device Retail License #: _____ Business License #: _____

Please attach a copy of your MDR and Business licenses, and Resale Certificate to this application.

Billing Information:

Billing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____

Telephone: _____ Facsimile: _____ E-mail: _____

Shipping Information:

Ship to Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Shipping Contact: _____

Telephone: _____ Facsimile: _____ E-mail: _____

Credit Line and Payment Terms:

Credit Line Requested: \$ _____ .00 (Payment Term Maximum is Net 30)

Credit Card Pay? Yes No ACH/Check? Yes No Online Payment? Yes No

If you choose Credit Card Pay, please provide: Credit Card Type: Visa Mastercard American Express

Name as it appears on card: _____ Card #: _____

CVV: _____ Exp.: _____ / _____ Your CVV is the three-digit number that can be located on the back of your credit or debit card.

For American Express, it is the four-digit number located on the front of your card.

If you prefer to use ACH, please provide: Bank Routing #: _____ Account #: _____

For Online Payment, your invoice will be e-mailed to you. Please select the "View & Pay Invoice" button.

I hereby authorize and fully release WestPrime Systems, Inc. to charge the credit or debit card, or bank account for ACH payment, identified above for the payment amounts invoiced and due on my account, together with any related fees, taxes, or charges related thereto. This authorization will remain in full force and effect during the term of my business relationship with WestPrime Systems, Inc. and until such time as I provide written revocation to WestPrime Systems, Inc.

By: _____

Signature

Date

Name (Printed)

Title

WestPrime

Systems, Inc.

Bank Reference

Bank: _____ Branch: _____ Phone: _____
Contact: _____ E-mail: _____ Account Type: _____

Vendor / Trade References

Company: _____ Phone: _____ E-mail: _____
Company: _____ Phone: _____ E-mail: _____
Company: _____ Phone: _____ E-mail: _____

Agreement

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution(s) and vendor/trade references listed in this credit application to release necessary information to WestPrime Systems, Inc. in order to verify the information contained herein.

By signing below, I hereby make application to WestPrime Systems, Inc. and its affiliates for credit and/or to update and reconfirm our existing accounts and balances with WestPrime Systems, Inc. or its affiliates. I hereby expressly authorize WestPrime Systems, Inc. and/or its affiliates to obtain credit report(s) for use in evaluating this application and subsequent reviews of existing or future extensions of credit. If credit is granted, I understand that credit extended hereunder shall be used solely for business purposes and promise to pay all invoices in full when due, pursuant to the credit terms specified by WestPrime Systems, Inc. Unless otherwise stated, payment in full shall be made within 30 days of order invoicing. Invoices remaining unpaid after their due date will be subject to an interest charge of 1.5% per month (18% per year; or the maximum rate allowed by law) and a \$35.00 Account Monthly Service Fee until the account is paid in full. Non-Sufficient Funds (NSF) checks are subject to a \$25.00 service charge for the first NSF check and a \$35.00 service charge for each and every subsequent NSF check. In the event of default, I agree to pay all costs of collection on unpaid amounts, including without limitation attorneys' fees and related costs. I acknowledge that by providing credit card and or bank account information, permission is granted to charge purchases to the card or bank account provided herein. I further hereby unconditionally and irrevocably agree to guaranty any and all obligations of the Business/Applicant named herein to WestPrime Systems, Inc. and understand that such guaranty is a condition to supplying credit from WestPrime Systems, Inc. to said Business/Applicant.

Agreed and Accepted - Owner / Principal / Authorized Officer:

By: _____
Signature Date

Name (Printed) Title

This instrument contains the entire Agreement between the parties relating to representations made, the rights herein granted, and the obligations herein assumed. Any modifications of this instrument shall be of no force or effect unless reduced to writing signed by all parties. WestPrime Systems, Inc. reserves the right to cancel credit terms at any time for any reason.