

<input type="checkbox"/> New Account	<input type="checkbox"/> Update	Fagron Account Number _____
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Facility Name: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Number of Beds: \_\_\_\_\_

Facility Type:

☐ Clinic/Physician Office   
 ☐ Dialysis Clinic   
 ☐ Hospital   
 ☐ Surgery Center   
 ☐ EMS

Facility Shipping Address: (Submitted licenses must match shipping address)

Street Address: \_\_\_\_\_

Suite: \_\_\_\_\_ Attn: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Shipping charges for expedited shipping will be applied to the order invoice. Standard shipments are scheduled for delivery Monday - Friday. Refrigerated product is only shipped Monday-Wednesday. If alternative delivery schedule is required, please indicate details here:

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- All orders are shipped via UPS or FedEx.
  - If shipping per customer's FedEx or UPS account is preferred, enter account number here: \_\_\_\_\_

Primary GPO Name: \_\_\_\_\_ IDN Group: \_\_\_\_\_

### Terms and Conditions

The person signing this section warrants on behalf of Customer that the above information is complete and accurate and hereby agrees to the following Terms and Conditions:

1. Standard payment terms are Net 30 from invoice date.
2. \$7500 credit limit upon completion of Fagron's credit application; additional information may be required for higher limits. Completion of separate credit application is mandatory for account set up.
3. All orders are considered final when product has left the Seller's facility. No refunds or returns after shipment.
4. Customer agrees to immediately notify Seller of any change in ownership, form or business name of the entity.
5. This document will be as effective in photocopy or fax form as in the original.
6. Customer acknowledges and agrees that services may be provided by Fagron Sterile Services or an affiliate.
7. Customer acknowledges that Seller may limit or discontinue credit at its sole discretion and that the continued extension of credit may require additional information.
8. Customer agrees that if any invoice is not paid when due, late charges will accrue at the rate of 1.5% per month or the maximum rate allowed by law, whichever is less. If legal action is taken to pursue collection, jurisdiction shall be the State of Texas and the venue shall be Travis County, Texas. The Customer agrees to reimburse Seller for any attorney fees, court costs or other costs of collection which may be incurred in its efforts to collect any past due debts.
9. In the event of an effective contract with terms that differ from the above, the effective contract will govern.

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date