Save your filled-out application on your desktop and email as an attachment to info@jandbmedical.com

CUSTOMER APPLICATION

FAX TO: 248-960-7985 Salesman Code (internal use only): _____

Please select one: Corporation _____ Partnership _____ Owner _____ *(If Partner or Owner, fill in SSN below)*

Type of medical practice/business (i.e. OB/GYN, Cardiology, Dermatology, EMS, Municipality, etc.):

_____ _____ _____
Legal Company Name | Account Manager | Website Address

_____ _____ _____ _____
Address Billing / Statement Address | City | State | Zip

_____ _____ _____ _____
Shipping Address | City | State | Zip
* Please attach multiple ship-to information

Phone Number: _____ Fax Number: _____ D&B Number: _____

Estimated Monthly Purchases: $ _____

Is your facility sales tax exempt? YES _____ NO _____ Sales Tax Exempt No.: _____
If you answered yes, include a copy of your sales tax license.

Additional information required: SSN or Federal I.D. Number: _____

DEA#: _____ Medical License# and State: _____ License Holder Name: _____
(Please attach copy if applicable) Copy of resale certificate, DEA Registration, Pharmacy License.

Accounts Payable Contact Information

Contact Name: _____ Email Address: _____

Contact Phone Number: _____ Preferred Method of Receiving Invoices (mail or email): _____

Officers, Partners or Owner

Name: _____ Title: _____

Name: _____ Title: _____

Person Responsible for Payment: _____

_____ _____ _____ _____
Bank Name | Contact | Phone | Fax

_____
Type of Account

Please list three (3) business references

_____ _____ _____ _____
Business Name | Contact | Phone | Fax

_____ _____ _____ _____
Business Name | Contact | Phone | Fax

_____ _____ _____ _____
Business Name | Contact | Phone | Fax

Terms and Conditions

1. The applicant will be responsible for payment of all billings for goods/services. Title to goods covered by all purchases is to remain in the seller's name until all invoices in which goods are billed are paid in full.
2. All balances after 30 days are subject to a service charge of 1 1/2% per month (18% per year).
3. Should it be necessary to assign the account to a licensed collection agency or attorney for legal action, all of the subsequent collection charges and legal fees shall be paid by the applicant.
4. All goods/services are subject to price changes without prior notice to the applicant.
5. No items will be accepted for a credit return without prior approval and all returns are subject to a restocking fee.
6. Any discrepancies or claims must be reported within 48 hours of receiving shipment.
7. Payment on an invoice constitutes an acknowledgment by applicant that the goods provided by J & B Medical are acceptable and fit for the purpose for which they were intended.
8. J&B Medical reserves the right to cancel the credit terms for a customer upon notice and require prepayment in full. Upon cancellation of business relations, any outstanding balance shall be due and payable in full within 15 days.
9. In connection with non-payment of an invoice, applicant, in consideration of the extension of credit by J & B Medical, agrees to submit to the personal and exclusive jurisdiction of the 52-1 District Court of the State of Michigan for sums $25,000.00 or less, and the Oakland County Circuit Court of the State of Michigan for sums greater than $25,000.00.
10. With the exception of non-payment of sums due under any invoice, applicant consents and agrees that all disputes or claims of any nature involving the goods purchased by applicant shall be submitted to binding arbitration with the American Arbitration Association to be held in Southfield, Michigan in accordance with the prevailing commercial arbitration rules of the American Arbitration Association. Applicant agrees that Judgment upon and awarded by the Arbitrator may be entered in the Oakland County Circuit Court, State of Michigan and agrees to submit to the personal and exclusive jurisdiction of the Oakland County Circuit Court, State of Michigan. Applicant agrees that the arbitrator shall award arbitration costs and reasonable attorney fees to the prevailing party.
11. Any discrepancies or claims regarding pricing must be reported within 48 hours of receipt of invoice.
12. All goods will be shipped to customer F.O.B. at the point of origin of the shipment.

THE UNDERSIGNED HEREBY AGREES TO ALL TERMS AND CONDITIONS AND ALSO AUTHORIZES AND INSTRUCTS THE RELEASE OF REQUESTED INFORMATION TO J&B MEDICAL SUPPLY CO., INC.

_____ _____ _____
Applicant's Signature | Title | Date

_____
Print Name

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

rev. 4/2021