



Teleflex Medical / Arrow International / Arrow Cardiac Care

New Account Application Checklist

****PLEASE READ****

Sales Representatives name: _____ Estimated Annual Sales: _____

The **Credit Application (5 pgs)** is complete and is being returned along with this checklist **via fax to one of the following divisions (please see fax # below)**

**** Please list who you wish to be contacted with the results of your credit review

Name: _____ **Phone or email:** _____

Tax Status: If you are exempt from taxes, please submit a copy of the tax exemption certificate along with the completed application.

GPO: If you are affiliated with a group purchasing organization, please note it below:

GLN # (if available please provide this information): _____

Addresses: Both my billing and shipping addresses are listed on the credit application. (Required Section)

Initial Order: My initial purchase order is being submitted along with the credit application. I understand that **NEW ACCOUNTS WILL NOT BE SET UP** without an initial purchase order.

Open Terms Purchase Agreement, page 5 (not applicable for credit card or prepay terms requests).

****All sections & pages marked **REQUIRED** must be fully completed. **INCLUDE THIS CHECKLIST with your completed application.** Please see notes at the bottom of the page for additional information regarding application submissions

For questions regarding your application, please contact Customer Service at 1-866-246-6990.

The completed credit application should be faxed to one of the following:

Teleflex Medical and Arrow International/Cardiac Care – 866-804-9881 / CV-OEM – 888-273-6897

The following pages include the information you requested from Teleflex Incorporated and/or Arrow International. Please contact Customer Service if you need assistance. We appreciate your business and thank you for your inquiry and continued interest in Teleflex Incorporated Products.

PLEASE NOTE: The following Companies do not provide reference information, please refrain from using them as a reference on the application i.e. McKesson, Medline, Cardinal, Medtronic, Owens & Minor, Cardinal Health.

Fax or Email contact information for references MUST BE provided. Verbal references are not acceptable.

****** Trade references are defined as those in within the medical products industry.**



Please Select Division

Teleflex Medical Arrow International Arrow Interventional (Cardiac Care) CV-OEM

Application for Credit

(Please Type or Print Clearly)

Please complete all required sections. All other information must be provided in the application or separately. Incomplete credit applications WILL NOT be processed.

REQUIRED

Company Name: _____ DBA/AKA: _____

Telephone: _____ Fax: _____ DUNS #: _____ FIN #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

A/P Contact: _____ A/P Email Address: _____

A/P Telephone: _____ A/P Fax: _____

Firm is a Proprietorship Partnership Corporation LLC

Firm is a Branch Division Subsidiary of Parent Company: _____

Address of Parent Co: _____ City: _____ State: _____ Zip: _____

Proprietors, Partners or Officers:

| Name | Title | Phone Number | Fax # / Email Address |
|----------|-------|--------------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Date Established: _____ Type of Business: _____

Have you ever had an account with any Teleflex division? Yes No

BANKING INFORMATION

(Please Print Clearly)

Checking Name: _____ City: _____ State: _____

Account #: _____ Phone #: _____ Fax #: _____

Loan Name: _____ City: _____ State: _____

Account #: _____ Phone #: _____ Fax #: _____

TRADE REFERENCES

-Minimum of three required (No personal references accepted)-
(Please Print Clearly/ Fax or email info must be provided)

- 1. Firm Name: _____ Account #: _____
City: _____ St: _____ Ph #: _____ Fax #/Email: _____
- 2. Firm Name: _____ Account #: _____
City: _____ St: _____ Ph #: _____ Fax #/Email: _____
- 3. Firm Name: _____ Account #: _____
City: _____ St: _____ Ph #: _____ Fax #/Email: _____
- 4. Firm Name: _____ Account #: _____
City: _____ St: _____ Ph #: _____ Fax #/Email: _____
- 5. Firm Name: _____ Account #: _____
City: _____ St: _____ Ph #: _____ Fax #/Email: _____

Use separate sheet for additional references.

Sales Tax: All sales are considered Taxable, unless a Resale and Tax Exemption Certificate is completed, signed and returned for each Ship to Location. To ensure that none of your orders ship as taxable, please return the completed Resale and Tax Exemption Certificate with your completed Credit Application.

ALL applications for new accounts must be accompanied by a purchase order (please refer to *Open Terms Purchase Agreement*). The purchase order must note the standard terms of **NET 30** days and **TOTALS** must be listed.

Upon completion of our credit investigation, you will be advised as to the status of your account and your purchase order will be processed at that time. Notification will be provided to the Contact listed on the cover sheet.

The above named firm hereby makes application for credit and provides the information contained herein for the purpose of inducing Teleflex Incorporated to make periodic sales of goods and equipment to it on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make a binding agreement on its behalf; (2) applicant authorizes its creditors, banks and financial institutions to release credit, banking and financial data to Teleflex Incorporated; (3) Further it is agreed that **North Carolina** courts shall have exclusive jurisdiction to litigate any dispute between applicant and Teleflex Incorporated and any and all litigation shall be instituted and litigated in the courts of **Durham County, State of North Carolina**, at the sole discretion of Teleflex Incorporated. Applicant waives any right to a change of venue or change of jurisdiction and hereby submits to and acknowledges the jurisdiction of any such court, state or federal, as provided herein. (5) **Terms are from invoice date. Standard Terms are NET 30 and will be based On Approved Credit.**

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR CREDIT TERMS AND CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

(REQUIRED)

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

A Photographic copy of the signature is as legally binding as the original.

Purchaser Sales/Use Tax Declaration

Name of Purchaser _____

Purchaser's Address _____

Purchaser hereby certifies to the seller that: *(please check appropriate box below and provide copy of W-9 and corresponding exemption certificate, if required)*

Purchaser holds a valid business registration with permit number _____
 Issued under the retail sales/use tax act of the State of _____

Purchaser is a taxable entity (only W-9 form required)

It is hereby certified that all products specified below which we purchase are exempt from sales/use tax when delivery is made anywhere in the above state.

Nature of Purchaser's Business: _____

- All items are purchased for RESALE in the same form (attach photocopy of noted State authorized Resale Certificate or Uniform Multijurisdictional Certificate)
- This is a Federal GOVERNMENT organization (Army, Navy, Air Force, Marine, VA Hospital – photocopy of Federal authorization certificate not required)
- This is a Federal authorized 501(C) 3 Exempt organization (attach photocopy of Federal authorization certificate)
- This is a State authorized Exempt organization (attach photocopy of noted State authorization certificate)
- This is a DIRECT PAY PERMIT holder. Permit Number _____
 (Attach noted State authorized Direct Pay Permit for exemption)
- This is a Municipal / Local Exempt organization (attach noted Municipal/Local authorization certificate)
- Other valid Exempt Use (Specify and attach corresponding certificate) _____

Note: The undersigned understands and agrees that if he/she used the tangible personal property other than as stated above or for any purpose which would not exempt the sale under the noted State's Acts, he/she becomes liable for the tax.

Date: _____

Signature: _____ Printed Name & Title: _____

Open Terms Purchase Agreement

This agreement is made by and between "Customer" and Teleflex Incorporated with its principal address at 3015 Carrington Mill Blvd. Morrisville, NC 27560 (hereinafter "Supplier").

Hospitals, Surgery Centers and Emergency Medical Service end users (Not Distributors) are exempt from the \$500.00 minimum first order (although a purchase order must be submitted) and the \$5,000.00 annual purchase volume requirement. All other requirements apply.

Customer Name _____
City, State, Zip _____
Phone Number _____
Email address _____

In consideration of the promises, mutual covenants and agreements contained herein, the Customer and Supplier agree as follows:

DEFINITIONS

A1. ORDER PROVISIONS

Customer agrees to an initial purchase in the amount no less than \$500. Customer agrees to purchase a minimum of \$5,000 over a 12 month consecutive period.

- Purchase agreement must be signed and attached to credit application and \$500 opening purchase order.
- In cases where opening orders fall below the \$500 minimum, payment may be made via Credit Card with no payment discount or cash in advance with a 2% payment discount. 30 day payment terms may be extended upon reaching \$5,000 in purchases over a 12 month period (see "30 day payment term agreement below).

A2. 30 DAY PAYMENT TERM AGREEMENT (Must be signed by all applicants)

By signing the "30 day payment term agreement" below Teleflex Incorporate will extend 30 day payment terms to the customer "applicant" upon completion and review of an approved credit application. The customer agrees to pay within the stated 30 day terms. Failure to do so could result in a decrease in credit line or open terms revocation without notice.

Acceptance Signature _____
Printed Name _____
Title _____
Date _____