

International Account Application and Medical Agreement

Company Firm Name: _____ Doing Business As: _____

Company Address: _____
Street City State ZIP

Phone Number: _____ Fax #: _____

Preferred Shipper: _____ Account #: _____

Purchase Contact: _____ Phone: _____ Email: _____

Billing Contact: _____ Phone: _____ Email: _____

Email to Send Invoice: _____

Payment Method (Choose One):

Wire Credit Card

Bank Reference: _____ Account Number: _____

Bank Address: _____
Street City State ZIP

Phone Number: _____

Swift Code: _____

Medical Product Resale License Number, Establishment License, or Equivalent:

Nature of Business:

International Account Application and Medical Agreement

Shipping Address: _____
Street City State ZIP

Phone Number: _____ Fax #: _____

VAT Number: _____

Preferred Shipper: _____ Account #: _____

TERMS AND CONDITIONS

APPLICANT AGREES THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF APPLICANT'S KNOWLEDGE. APPLICANT AGREES TO PAY ALL INVOICES FOR GOODS SOLD TO IT FROM SLEEPNET CORPORATION AT THE PRICES ESTABLISHED BY SLEEPNET ON THE BASIS OF APPROVED TERMS, AND ANY FINANCE CHARGES, BASED ON THE MAXIMUM LIMIT PERMITTED BY LAW, ASSESSED ON THE UNPAID BALANCE DUE IF NOT PAID WITHIN TERMS.

The Distributor agrees to record notification of complaints, anomalies, mishaps and failures associated directly or indirectly, or suspected as such by the complainant, which involve the Product. In the course of recording such notification, the Distributor agrees to make a complete and accurate record, and to relay each and every record without delay to the Manufacturer unless such actions are prohibited by the data protection statutes of such applicable countries. The undersigned agrees to maintain records for no less than five (5) years after the creation of the record, or until the termination of this Agreement. Further, at the termination of this Agreement, the Distributor agrees to provide to the Manufacturer complete and accurate records accumulated as a result of this Section unless such actions are prohibited by the data protection statutes of such applicable countries.

The Distributor agrees to record the lot number and/or serial number of all Products and the distribution destination. Further, in the event of a corrective action such as, but not limited to, product recall, voluntary withdrawal or user advisory, the Distributor shall provide complete and accurate records of recipients of implicated lots and serial numbers, or reproduce and distribute notification of the action on behalf of the Manufacturer at the Manufacturer's option. The Distributor agrees to maintain records for no less than five (5) years after the creation of the record.

The Distributor agrees not to alter the product and to only distribute it where it can be legally marketed.

Authorized signature: _____ Title: _____

Printed Name: _____ Date: _____

*****APPLICATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE*****

Sleepnet Use Only: (Do not fill out the below fields)

Sales: _____ Finance: _____

Date: _____ Business Type: _____