



Specialists in effective inhalation

## APPLICATION FOR CREDIT

PARI Respiratory Equipment, Inc.  
2412 PARI Way  
Midlothian, VA 23112  
Phone 1.800.327.8632  
Fax 1.800.727.4112  
www.PARI.com

Applicant hereby applies for credit in accordance with the terms and conditions of PARI Respiratory Equipment Inc.

Please complete and sign both credit application form and sales & use tax-exempt forms, if not applicable indicate on form, then return signed form. If using your company's standard credit information form, please make sure that all information requested is either on your form or included on credit application. Accounts will not be set up until all information is received complete and signed.

COMPANY INFORMATION			
Name:		Years Established:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Billing Email:	
<u>Type of Business:</u>			
Homecare Provider___ PHYS Office___ Wholesaler/Distributor___ Hospital___ Pharmacy___			
Pharmaceutical Company___ Clinical Research Organization___ Web/Catalog Provider___ Other___			
Parent Corporation:			
Name of Principals or Officers:			
Do you distribute to patients?      If yes, would you like to be added to our Patient Distribution List?			
<i>If you answer YES – your company contact information will be available for Patients to search for access to PARI products. PARI will also direct end-users to call you for supplies.</i>			
PARI Territory Sales Representative:			

CREDIT REFERENCES			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		



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BANK REFERENCES		
Bank Name:	Contact:	
Address:	Account Number:	
	Number of Years:	
City:	State:	Zip:
Phone:	Fax:	
Bank Name:	Contact:	
Address:	Account Number:	
	Number of Years:	
City:	State:	Zip:
Phone:	Fax:	

GENERAL INFORMATION	
Credit Limit Requested: \$	Anticipated Monthly Volume: \$
Accounts Payable Contact:	Purchasing Contact:

### AGREEMENT

- Upon approval of this application, an account will be opened for you (Buyer) by PARI (Seller) with Net **30-day terms**.
- Buyer understands & agrees that goods purchased hereunder (the Products) are subject to a 20% restocking fee. Minimum order is \$100.00.
- If failure to pay according to the terms of the AGREEMENT causes this account to be assigned or referred to an attorney for collection, Buyer agrees to pay Seller's reasonable collection and/or attorney fees, all court costs, and NSF fees; if applicable, to the extent permitted by law.
- Seller is authorized to investigate Buyer's credit record. Seller is authorized to report Buyer's performance on this agreement to proper persons and credit agencies whenever Buyer gives Seller's name as credit references.
- In order to protect Seller in the event of a default by Buyer, Buyer, as debtor, hereby grants to Seller, a purchase money security interest in the goods to be purchased hereunder and shall execute as debtor upon request of Seller as secured party, from time to time such financing statements or other documents as may be deemed necessary or appropriate by Seller to perfect or protect its security interest hereby created.
- In the event of a conflict between Buyer & Seller pursuant to this application for credit or the purchase of goods and services hereunder, Buyer and Seller agree that (a) any actions or claims brought shall be governed by the law of the Commonwealth of Virginia, without regard to its choice of law rules, and (b) such action or claim shall be brought in the Commonwealth of Virginia.

The Undersigned hereby certifies that he or she is duly authorized to sign this application on behalf of the Applicant/Buyer, that the information given in this application is true and correct to the best of his or her knowledge and that the Applicant/Buyer hereby agrees to the foregoing terms and conditions.

AUTHORIZATION	
<input checked="" type="checkbox"/> Signature of Owner or Company Officer	Date
Print Name	



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### SALES & USE TAX EXEMPT FORM

Company Name:		
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	

**I HEREBY CERTIFY that I hold a valid Seller's Permit/Resale Certificate and the tax number is:**

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Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

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That the tangible personal property described herein which I shall purchase from:

PARI RESPIRATORY EQUIPMENT, INC.  
2412 PARI Way  
Midlothian, VA 23112  
(804) 253-PARI (7274)

Will be resold by me in the form of personal property; Provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of Property to be purchased: **Medical Equipment**

<b>AUTHORIZATION</b>	
<input checked="" type="checkbox"/> Signature of Owner or Company Officer	Date
Print Name	
Title:	Phone: