

## RespiUSA, LLC

### Domestic Credit / Financial Application

Applicant: Thank you for your interest in opening a domestic account with RespiUSA, LLC. Please complete this form and submit it by following the instructions at the end of this form. A completed "RespiUSA Product Purchase Agreement" must accompany this application. Instructions are provided for submission of your application at the end of this form. Your application will be processed and considered when these two documents are completed and received. Typical processing time is three (3) business days.

**APPLICANT INFORMATION**

Exact legal name of company (no trade names or dbas):  <div style="text-align: right;">("Applicant")</div>
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**(Sold To)**

Address of Applicant's chief executive office:  Street: _____  City: _____ State: _____ Zip: _____  Phone: _____ Fax: _____	Address where equipment will be located:  Street: _____  City: _____ State: _____ Zip: _____  Phone: _____ Fax: _____
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**(Bill To)**

Applicant's billing address:

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

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

A/P contact: \_\_\_\_\_

A/P phone: \_\_\_\_\_

A/P fax: \_\_\_\_\_

A/P Contact Email: \_\_\_\_\_

**(Ship To)**

Applicant's shipping address:

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

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

Purchasing Contact: \_\_\_\_\_

Purchasing phone: \_\_\_\_\_

Purchasing fax: \_\_\_\_\_

Purchasing Contact Email: \_\_\_\_\_

Years Applicant has been in business:  _____	Select ONE Type of Entity <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NON- PROFIT <input type="checkbox"/> S-CORP <input type="checkbox"/> OTHER _____	Jurisdiction of Applicant's formation (e.g., Delaware):  _____	Applicant's entity number:  (This appears on the Articles of Incorporation, etc., issued by the state in which Applicant was formed.)  _____
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Applicant's Federal Tax ID #: _____	Is Applicant <b>exempt</b> from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
MDR license number (California customers only): _____	<b>IF TAX-EXEMPT, PLEASE SEND / INCLUDE AN EXEMPTION CERTIFICATE FOR EACH STATE THAT WILL BE RECEIVING SHIPMENTS.</b>
MDR license number expiration date: _____	

**FINANCIAL / LEASING INFORMATION**

Description of equipment Applicant desires to finance / lease:	Amount of financing requested: \$ _____ .00
Are you a member of a group purchasing or buying organization?    _____ Y    _____ N	
If Yes, please indicate the group(s) and your membership number(s): _____ Group _____ Membership Number	
_____ Group _____ Membership Number	

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### APPLICANT'S BUSINESS INFORMATION

**TYPE OF BUSINESS THAT YOU OPERATE - PLEASE CHECK ALL THAT APPLY** \_\_\_\_\_

Applicant BUSINESS TYPES:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> DME PROVIDER           | <input type="checkbox"/> INPATIENT REHAB FACILITY                    | <input type="checkbox"/> DISTRIBUTOR  |
| <input type="checkbox"/> PHARMACY - CHAIN       | <input type="checkbox"/> LONG-TERM CARE FACILITY                     | <input type="checkbox"/> RETAIL CHAIN |
| <input type="checkbox"/> PHARMACY - INDEPENDENT | <input type="checkbox"/> SKILLED NURSING FACILITY                    | <input type="checkbox"/>              |
| <input type="checkbox"/> RETAIL HOSPITAL        | <input type="checkbox"/> HST PROVIDER (DESCRIBE PRACTICE TYPE BELOW) | <input type="checkbox"/>              |
| <input type="checkbox"/> PHYSICIAN OFFICE       |  |                                       |
| <input type="checkbox"/> HEALTH CLINIC          | <input type="checkbox"/> OTHER (DESCRIBE BELOW) _____                |                                       |
| <input type="checkbox"/>                        | _____  |                                       |
| <input type="checkbox"/>                        |  |                                       |

\_\_\_\_\_  
\_\_\_\_\_

### BANK REFERENCE

Bank/Institution: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Street: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### TRADE REFERENCES

Business Name & Address	Contact Name	Phone	Account #
1. _____	_____	(____) _____ - _____	_____
2. _____	_____	(____) _____ - _____	_____

### APPLICANT'S OWNERSHIP INFORMATION

Name of principal: _____ Social security #: _____ - _____ - _____ % of ownership: _____ % Signature: _____ ADDRESS: _____ City: _____ State: _____ Zip: _____	Name of principal: _____ Social security #: _____ - _____ - _____ % of ownership: _____ % Signature: _____ ADDRESS: _____ City: _____ State: _____ Zip: _____
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\*\*Where applicable 100% Ownership Information required...i.e. Sole Proprietors, Partnerships, etc. \*\*

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CONSENT AND AUTHORIZATION

APPLICANT CERTIFIES TO RespiUSA, LLC. AND ITS AFFILIATES (COLLECTIVELY, "RESPI") THAT THE FOREGOING INFORMATION IS TRUE, CORRECT AND COMPLETE, AND THAT APPLICANT IS NOT AWARE OF ANY CIRCUMSTANCES THAT, WITH NOTICE OR THE PASSAGE OF TIME, WOULD MAKE ANY OF SUCH INFORMATION INACCURATE OR MISLEADING. APPLICANT ACKNOWLEDGES THAT RESPI IS RELYING ON THE ACCURACY OF THE FOREGOING INFORMATION IN THE EVALUATION OF APPLICANT'S REQUEST TO OPEN AN ACCOUNT WITH RESPIRONICS. APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT IF, AT ANY TIME, RespiUSA LEARNS THAT ANY OF THE FOREGOING INFORMATION IS INACCURATE OR MISLEADING, RESPI MAY ELECT NOT TO OPEN AN ACCOUNT FOR APPLICANT, OR IF AN ACCOUNT HAS BEEN OPENED, RespiUSA MAY CLOSE APPLICANT'S ACCOUNT, IN EITHER CASE IN THE SOLE DISCRETION OF RESPI.

APPLICANT HEREBY AUTHORIZES EACH OF RESPI AND EACH LEASING COMPANY OR OTHER FINANCIAL SERVICES COMPANY WHOM RespiUSA ASKS TO CONSIDER PROVIDING FINANCING TO APPLICANT PURSUANT TO THIS FINANCIAL SERVICES APPLICATION, AND THEIR RESPECTIVE FUNDERS AND ASSIGNEES (COLLECTIVELY, THE "POTENTIAL FINANCING SOURCES") TO CONTACT ANY OR ALL OF THE ABOVE REFERENCES, AND TO OBTAIN AND USE ANY PUBLIC OR PRIVATE INFORMATION AVAILABLE TO MAKE A VALID CREDIT APPRAISAL OF APPLICANT. APPLICANT EXPRESSLY AUTHORIZES RespiUSA TO DISCLOSE TO POTENTIAL FINANCING SOURCES, SOLELY FOR THE PURPOSE OF ENABLING SUCH POTENTIAL FINANCING SOURCES TO CONSIDER THE EXTENSION OF CREDIT TO APPLICANT, THIS COMPLETED FINANCIAL SERVICES APPLICATION, APPLICANT'S FINANCIAL STATEMENTS, AND ANY OTHER FINANCIAL OR BUSINESS INFORMATION PROVIDED BY APPLICANT TO RESPI.

THE INDIVIDUAL EXECUTING THIS FINANCIAL SERVICES APPLICATION, WHO IS A PRINCIPAL OF THE APPLICANT (THE "UNDERSIGNED PRINCIPAL"), RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES RESPI AND EACH POTENTIAL FINANCING SOURCE TO OBTAIN, FROM TIME TO TIME AS NEEDED IN THE CREDIT EVALUATION PROCESS, ONE OR MORE CONSUMER CREDIT REPORTS ON THE UNDERSIGNED PRINCIPAL. THE UNDERSIGNED PRINCIPAL EXPRESSLY CONSENTS AND AUTHORIZES RESPI TO DISCLOSE TO POTENTIAL FINANCING SOURCES, SOLELY FOR THE PURPOSE OF ENABLING SUCH POTENTIAL FINANCING SOURCES TO CONSIDER THE EXTENSION OF CREDIT TO APPLICANT, THIS COMPLETED FINANCIAL SERVICES APPLICATION (INCLUDING THE PERSONAL INFORMATION OF THE UNDERSIGNED PRINCIPAL CONTAINED HEREON), AND ANY OTHER PERSONAL, FINANCIAL OR BUSINESS INFORMATION PROVIDED BY THE UNDERSIGNED PRINCIPAL TO RESPI. IN THE EVENT OF DEFAULT, AND IF THIS ACCOUNT IS TURNED OVER TO AN AGENCY AND/OR ATTORNEY FOR COLLECTION, THE UNDERSIGNED HEREBY AGREES TO PAY ALL REASONABLE FEES AND/OR COSTS OF COLLECTION WHETHER OR NOT SUIT IS FILED.

EACH OF APPLICANT(S) AND THE UNDERSIGNED PRINCIPAL UNDERSTAND AND CONSENT TO, THE TERMS AND CONDITIONS OF THIS CREDIT POLICY.

Name of Applicant: _____	Owner of Applicant in individual capacity: _____
Signature of Officer: _____	Signature: _____
Title of Officer: _____	Name printed/typed: _____
Date: _____	Date: _____

*NOTICE: Potential Financing Sources to which this Financial Services Application may be forwarded may be subject to Section 326 of the USA PATRIOT Act, which requires such Potential Financing Sources to obtain, verify, and record information that identifies each applicant who applies for financing (including the principal or principals signing this Financial Services Application). Such Potential Financing Sources are also subject to the Equal Credit Opportunity Act, which prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. A federal agency that administers compliance with this law is the Federal Trade Commission, Equal Opportunity, Washington, D.C. 2058, and the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington D.C. 20006. Each applicant for credit may request (within 60 days of denial) a written statement of the reasons for any credit denial and such statement must be provided by the Potential Financing Source denying the credit application within 30 days of applicant's request.*

Mail or email completed application, latest financial statements, and tax exemption certificate(s) (if applicable) to:

**RespiUSA LLC Attention:  
Financial Services Department**

**(323) 763-0072  
RespiUSA@gmail.com**