

## NEW CUSTOMER / CREDIT APPLICATION

**\* Required Information**

COMPANY OVERVIEW INFORMATION

|                                    |                       |                                     |                          |
|------------------------------------|-----------------------|-------------------------------------|--------------------------|
| *Name of Firm: _____               |                       | *Telephone# _____                   | *Fax # _____             |
| *Address: _____                    |                       | *City _____                         | *State _____             |
| Principal Officer, Title _____     |                       | *Principal Contact, Title _____     | *Years in Business _____ |
| *A/P Contact and Email _____       |                       | *Purchasing Contact and Email _____ |                          |
| Total Employees: _____             | Total Branches: _____ | Buyers Group Affiliation: _____     |                          |
| *Additional Ship To Address: _____ |                       |                                     |                          |

CREDIT/TRADE INFORMATION

\*Payment Options(select one):       Credit Card - number will be requested at time of order

COD                       EFT                       Net 30 Days

Trade References: To be considered for Net 30 day terms, trade reference information must be completed

|                    |                          |
|--------------------|--------------------------|
| Company Name _____ | A/R Email address: _____ |
| Company Name _____ | A/R Email address: _____ |
| Company Name _____ | A/R Email address: _____ |

Conditions: I/We hereby verify the information provided is for the purpose of obtaining credit and is warranted to be true  
I/We authorize NDC Homecare to contact the references listed and agree to pay within the stated invoiced terms. Should it  
become necessary to contract a third party collection agency, I/We agree to pay all collection cost, including legal fees.

|  |                |                |
|--|----------------|----------------|
| _____<br>*Signature of Company Officer/Principal | _____<br>Title | _____<br>*Date |
|--|----------------|----------------|

Personal Guarantee: In consideration of the extension of credit to customer, I/We unconditionally guarantee payment  
and performance of all customer's obligations under this agreement, including but not limited to payment of any and all  
sums due by customer as set forth above from the date of the Guarantee until the day upon which the balance is paid in full.

|  |                     |                |
|--|---------------------|----------------|
| _____<br>*Signature of Company Officer/Principal | _____<br>Print Name | _____<br>*Date |
|--|---------------------|----------------|

**\*\* ALL applications must include a copy of the states Department of Revenue's Sales Tax Exemption Certificate.**