

CREDIT AGREEMENT with GeoSurgical, LLC

Credit Application must be completed and signed in order to process

EMAIL COMPLETED APPLICATION TO YOUR ACCOUNT REPRESENTATIVE USING THE FOLLOWING EMAIL OR FAX#

Email: CustomerService@GeoSurgical.com Fax# (727) 499-7164

We/I hereby apply for credit in accordance with the terms listed on this document.

Name of Business:

Type of Business:

Corporation Sole Proprietorship Partnership Limited Liability Corporation Other

Physical Shipping Address

City

State

Zip Code

Country

Phone

Fax

Web Site:

Billing Address (if different from above)

City

State

Zip Code

Country

Principal Owner (First Name/Title)

Social Number or Federal Tax ID # (if within the United States)

Has this company, its officers or principal owners ever declared bankruptcy? YES NO

****If yes, give details on separate page.**

Credit Amount Desired \$ _____

Please list product lines you currently purchase from GeoSurgical, LLC:

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REFERENCES

VENDOR NAME

Address

City, State, Zip, Country

Phone#

Account #

VENDOR NAME

Address

City, State, Zip, Country

Phone#

Account #

Bank Reference

Address

City, State, Zip, Country

Phone/Fax#

Name of Contact/Account #

Bank Reference

Address

City, State, Zip, Country

Phone/Fax#

Name of Contact/Account #

COMPANY BILLING INFORMATION – *GeoSurgical, LLC will email your invoice unless otherwise specified.*

COMPANY BILLING NAME _____

ACCOUNTS PAYABLE CONTACT _____

ACCOUNTS PAYABLE PHONE _____ EMAIL _____

BILLING PHONE _____ EMAIL _____

RESPONSIBLE PARTY NAME _____

RESPONSIBLE PARTY PHONE _____ EMAIL _____

Tax Information (U.S. Only): _____ Taxable Sales Tax # _____ State _____

_____ Tax Exempt - I will provide proof of Exempt Status with Application

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GeoSurgical, LLC TERMS & CONDITIONS

- **ACCEPTANCE:** GeoSurgical, LLC hereby accepts Buyer's orders for supplies as described on the Buyer's purchase order, but such acceptance is expressly conditional upon acceptance by Buyer of the terms set forth herein. GeoSurgical, LLC shall not be bound by ANY TERMS of Buyer's purchase order which provide conditions additional to or different from the terms hereof.
- **PRICES:** Prices stated herein are based on present costs. Such prices are subject to increase at any time prior to acceptance of your order to the extent necessary to cover increased costs applicable thereto.
- **TAXES:** Buyer is liable for the full amount of all taxes and duties as a result of all transactions (if applicable).
- **PAYMENT TERMS:** Once credit has been approved, payment is due **within 30 days**. INITIALS _____
- **RETURNED CHECKS:** Current charge is \$25 for all U.S Banking returned checks; subject to change.
- **CANCELLATIONS:** Buyer may cancel order or reduce quantities simply by notifying their strategic account representative at any time before the order is shipped.
- **SHIPMENT:** Unless otherwise specified, items will be shipped the same day the order is received except in the event it is received too late in the day to meet the shipping deadline. Our standard is FedEx Second Day. If desired, Standard Overnight, Priority One or First Priority may be requested (Where Available) and a premium will be charged for those designations. Once product leaves our facility the buyer assumes all responsibility and customs and tariffs applicable. If product purchased is to be shipped outside the US, then the client will designate a shipping service.
- **OUR RETURN POLICY:**
SHORT-DATED ITEMS are non-refundable Anything sold that is short-dated (under 180 days/6 months) and sold at a discount is not subject to return under any circumstances. This will be noted on the invoice and all sales of this type are final. NO EXCEPTIONS.
All Other Items are **Non-Refundable** as noted in our invoicing.

If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees, collections fees and all costs of suit incurred. When Credit is extended, it is contingent upon prompt payment, according to the agreed upon terms and will be restricted to a credit limit – to be determined by the Credit Department. **Open credit may be withdrawn at any time.** All credit applications are subject to periodic review and will require updates. Credit privileges may be withdrawn at any time without notification if account goes past due. This Contract shall be construed under the laws of the State of Florida. Any litigation concerning this contract may be commenced, at the sole discretion of the credit grantor, in any local, state or federal court within the State of Florida. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with GeoSurgical, LLC Terms & Conditions.

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CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit; I authorize

Your Bank Name _____ Account Number _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone Number _____

To release credit information to:

**GeoSurgical, LLC.
P. O. Box 840
Clearwater, FL 33757
(855) 331-2436**

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes all businesses and persons identified on this agreement to furnish any and all information requested by GeoSurgical, LLC. or its representative, by telephone or written correspondence.

The undersigned warrants the information is true and correct and he/ she is authorized to sign on behalf of the credit applicant.

Signature _____ Print Name _____

Title _____ Date _____

Signature _____ Print Name _____

Title _____ Date _____