Credit Terms Agreement

Please read below and sign where indicated if you agree to the terms.

Return scanned copy of this document to info@spectamedonline.com (preferred) or fax to (877) 290-2511

____________________________________. (“Purchaser”) agrees that all purchases made by Purchaser from Spectramed, LLC. (“Seller”) are subject to the following terms and conditions.

1. All amounts due Seller are payable in accordance with the following payment terms granted by Seller’s credit department.

   Credit Limit Requested: $________________________ Purchaser Initials ____________
   Credit Terms: Net 30

   If any amount due Seller is not paid in accordance with the above payment terms a delinquency charge may be added to the sum due, such charge shall equal the amount obtained by multiplying the delinquent balance by the purchaser of (a) one and one half percent (1.5%) per month or (b) the maximum lawful rate permitted to be charged under applicable state laws, whichever is less. If Buyer fails to comply with Seller’s prevailing terms or any of the provisions of this Agreement, Seller may declare the unpaid balance on this account immediately due and payable.

2. If Purchaser has a past due balance or a new order exceeds the available credit, Seller may suspend release of new orders, including releases on existing blanket order until the account is current.

3. Payment terms are based on Seller’s Invoice date. For example, “Net 30” terms are due 30 days from the Invoice date.

4. When paying your account balances you may use: check, cash, money order/cashier’s check or bank transfer/wire. Credit cards are not accepted for accounts with credit terms.

5. In the case of terms that reward early payment with a discounted rate (e.g. “1% 10, net 30”), payment must be made by check, cash or bank transfer/wire for the discount to be eligible.

6. In the event the account is turned over to an attorney or other agency for collection or if suit is brought on same or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all attorney’s fees and court costs incurred by Seller.

7. Purchaser shall notify Seller by certified mail of any change of ownership of Purchaser. Purchaser warrants to Seller that all financial information furnished for the purpose of obtaining credit is true, correct, and complete in all material respects, and Purchaser authorizes Seller to investigate all references furnished pertaining to the credit and financial responsibility of Purchaser.

8. Choice of Law: This Agreement shall be governed by the laws of the State of Ohio, and the parties agree and consent to exclusive jurisdiction and venue in the state or federal courts in Ohio.

BY:

__________________________________________  ____________________________
Print Full Name                          Title

__________________________________________  ____________________________
Signed                                 Date
Organization Details:

company: ____________________________________________ date: __________________
address: ___________________________________________ duns# ______________________
city: ____________________________________________ resale# ______________________
state: ____________________________ zip: ___________________________ years in business: __________________

Your business organization:

O sole proprietorship ______ owner name: __________________________________________

O partnership __________________ percentage of ownership: __________________________

O non profit organization __________________________________________________________

O corporation __________________ state: ____________________________________________

Your trade references:

company: ____________________________________________ contact: __________________
address: ___________________________________________ phone: __________________ ext: __________________
state: ____________________________ zip: ___________________________ account # __________________

company: ____________________________________________ contact: __________________
address: ___________________________________________ phone: __________________ ext: __________________
state: ____________________________ zip: ___________________________ account # __________________

company: ____________________________________________ contact: __________________
address: ___________________________________________ phone: __________________ ext: __________________
state: ____________________________ zip: ___________________________ account # __________________

Your bank references:

bank: ____________________________________________ contact: __________________
address: ___________________________________________ phone: __________________ ext# __________________
state: ____________________________________________ zip: ___________________________ account# __________________

Purchaser Initials__________________