



Account Number: _____
Sales Rep.: _____
Sub Rep.: _____

New Account/Credit Application

Business Contact Information

Legal Business Name (Buyer): _____

Operating as (dba) (Buyer): _____

EIN _____ DUNS _____

Name of Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

AP Email for invoices and past due notices: _____

Registered Company Address: _____

City: _____ State: _____ ZIP Code: _____

Website: _____ Date Business Commenced _____

Sole proprietorship Partnership Corporation Other: _____

Business and Credit Information

Primary Business Address: _____

City: _____ State: _____ ZIP Code: _____

How long at current address? _____

Phone: _____ Fax: _____ E-mail: _____

Bank Name: _____

Bank Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Business/Trade References

Company Name (1): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account: _____

Company Name (2): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account: _____

3B™ Medical

NewAccount/CreditApplication

Agreement: Attach supplemental materials as necessary, but form must be completed in its entirety. All invoices are to be paid 30 days from the date of the invoice. By submitting this application, you authorize 3B Medical, Inc. to make inquiries into the banking and business trade references that you have supplied. Payment Terms: 2/10 Net 30. There will be a 3% convenience fee on all credit card payments.

By signing this New Account/Credit Application/agreement, the individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to 3B Medical Inc that:

1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with 3B Medical Inc will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of Polk, FL and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of FL will apply. Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less. Buyer also agrees to pay \$20 for each check issued by Buyer to 3B Medical, Inc which is returned to 3B Medical, Inc unpaid or marked NSF.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that 3B Medical, Inc becomes aware of during the credit review process and from time to time. The undersigned also understands that 3B Medical INC will retain this Application, whether or not it is approved, and that 3B Medical, Inc will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

In order for 3B Medical, Inc. to sell and to continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others,

Company Name: _____ DBA _____
Authorized Signature: _____ Date: _____
Signatory Name (pls. print): _____ Title: _____

FOR USE ONLY IF CREDIT CANNOT BE VALIDATED AND NEW ACCOUNT IS NOT APPROVED:

PERSONAL GUARANTEE The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers' obligations under this Application with 3 B Medical Inc, including timely payment of any and all sums due to 3B Medical Inc. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Authorized Signature: _____ Date _____
Guarantor's Name (pls. print): _____ Title: _____

Please mail, email or fax completed application to:

3B Medical, Inc.
799 Overlook Dr, Winter Haven, FL 33884
(863) 226-6285 • FAX (863) 226-6284
CustomerService@3bproducts.com