



NEW CUSTOMER AGREEMENT AND CREDIT APPLICATION

SEND CORRESPONDENCE TO:
 14241 FENTON RD., FENTON, MI 48430
 PHONE: 810.750.5300
 FAX: 810.750.5310
 SEND ORDERS TO: orders@domicomed.com

REMIT PAYMENT TO:
 FIFTH THIRD BANK
 ROUTING NO.: 072405455
 ACCOUNT NO.: 7916861821
 REMITTANCE TO: accountsreceivable@domicomed.com

OFFICE USE ONLY			
ACCOUNT NO.	SALES PERSON		
CUSTOMER CONTACT INFORMATION			
APPLICANT'S LEGAL NAME		DBA	
BILLING ADDRESS	CITY	STATE	POSTAL CODE
SHIP TO ADDRESS	CITY	STATE	POSTAL CODE
PURCHASER		PHONE	EMAIL
INVOICING		PHONE	EMAIL
ACCOUNTS PAYABLE		PHONE	EMAIL
TAXPAYER IDENTIFICATION NO. (EIN/SSN)		TAX EXEMPTION NO.	

LEGAL STATUS	BUSINESS TYPE	SPECIAL
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> LIFT GATE NEEDED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> RETAILER	<input type="checkbox"/> RESIDENTIAL
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> WHOLESALER	<input type="checkbox"/> INSIDE DELIVERY
<input type="checkbox"/> LLP	<input type="checkbox"/> MANUFACTURER	
<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER		

- All invoices are to be paid within 30 days of the date of the invoice. Invoices will be issued on the day that the product ships.
- Invoices unpaid at the expiration of 30 days from the date of the invoice will begin to accrue late payment service charges at the rate of 1.5% per month, beginning on the 31st day from the date of the invoice. Unpaid invoices will result in your account being put on a Credit Hold which will prevent the release of all orders until the payment is received.
- Claims arising from an invoice must be presented to Domico Med-Device, LLC in writing within 30 days of the date of invoice.

SIGNATURE	TITLE	DATE
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RESALE CERTIFICATE OR TAX EXEMPT FORM MUST ACCOMPANY SIGNED APPLICATION



REFERENCES

TRADE REFERENCES			
COMPANY NAME	ACCOUNT NO.	EMAIL	PHONE
ADDRESS	CITY	STATE	POSTAL CODE
COMPANY NAME	ACCOUNT NO.	EMAIL	PHONE
ADDRESS	CITY	STATE	POSTAL CODE
COMPANY NAME	ACCOUNT NO.	EMAIL	PHONE
ADDRESS	CITY	STATE	POSTAL CODE
COMPANY NAME	ACCOUNT NO.	EMAIL	PHONE
ADDRESS	CITY	STATE	POSTAL CODE
BANKING INFORMATION			
BANK	ACCOUNT NO.	EMAIL	PHONE
ADDRESS	CITY	STATE	POSTAL CODE

By signing this document, you are authorizing Domico Med-Device, LLC to obtain financial information from the Trade and Bank references.

SIGNATURE	TITLE	DATE
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