



GF HEALTH PRODUCTS, INC.

2935 NORTHEAST PARKWAY • ATLANTA, GEORGIA 30360-2808

P 770.368.4700 ext. 1138 • F 678.291.3174

DL_Credit@grahamfield.com • www.grahamfield.com

To		Date	
From		To Fax	
Phone	770.368.4700 x1138	Pages	3
Fax	678.291.3174	Copy	
Re	Credit Application / New Account		

Comments:

VERY IMPORTANT: ALL AREAS MUST BE COMPLETED IN ORDER TO AVOID DELAY OF NEW ACCOUNT PROCESS!

Attached is our credit application as requested. Please complete all areas and return it back via fax to 678.291.3174. We must receive a copy of your company's Resale Certificate in order to establish tax exempt status with GF Health Products, Inc.

Please make a copy of the credit application for your records, and return the original/scanned and e-mailed or faxed credit application and resale certificate back to us. The contact information is listed above.

We require an opening order of \$300.00 before setting up the account. Catalogs and pricing can be sent to you by your sales representative once the account is set up.

** In our effort to be environmentally minded, GF Health Products, Inc. will not send out paper invoices/statements unless specifically requested to do so. All invoices/statements will be e-mailed or faxed to the A/P contact listed on the credit application. **

Thank you for your interest in GF Health Products, Inc.

New Accounts Department

P: 770.368.4700 x1138

F: 678.291.3174



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Internal Use Date Received: _____ Sales Rep.: _____

CREDIT APPLICATION

Legal Name: _____ D/B/A: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Website: _____ E-Mail: _____
 A/P Contact: Name _____ A/P Phone # _____ A/P E-Mail: _____
 Purchasing Contact: Name _____ Phone # _____ Purchasing E-Mail: _____
 If you are a member of a Buying Group, specify the name of the group: _____
 Customer is a corporation partnership proprietorship LLP LLC not for profit gov't branch
 Dealer Type: Medical-Surgical Dealer Home Health Care Dealer Rehab Long-Term Care Other _____
 Date Customer established under current ownership: _____ D&B No.: _____
 Federal ID No.: _____ Accreditation No.: _____ Tax Exempt No.: _____ (attach certificate)

Principals of Customer: (All owners of a proprietorship and general partners of a partnership must be listed and must sign at the bottom of the page. Other entities must list top ranking officers.) Attach additional sheets if necessary.

Name/Title: _____	Name/Title: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Cell and Home Phone: _____	Cell and Home Phone: _____

Credit References:

Name: _____	Account #: _____	Phone: _____	Fax/E-Mail: _____
Name: _____	Account #: _____	Phone: _____	Fax/E-Mail: _____
Name: _____	Account #: _____	Phone: _____	Fax/E-Mail: _____

Bank Reference:

Name: _____ Account#: _____ Contact: _____
 Phone #: _____ Fax#: _____ E-Mail: _____

Terms: All invoices are required to be paid within thirty (30) days unless specifically indicated on the invoice. By signing this application, the undersigned, acting as an agent and on behalf of the Customer, has authority to commit Customer to pay all bills incurred by Customer in a timely fashion as outlined by the terms described on each invoice. Further, the Customer agrees that in the event it becomes necessary for GF Health Products, Inc. ("GF") to incur collection costs or institute legal action to enforce rights arising out of an Invoice or a Purchase Order, the Customer agrees to pay such additional collection costs, interest at the rate of Eighteen Percent (18%) per annum or the maximum rate allowed by law, whichever is greater, and reasonable attorney's fees. The Customer waives all rights of set off, rights to a trial by jury, and consents to the jurisdiction of the State of Georgia, Gwinnett County for resolution of all disputes. The Customer warrants that the above information is true and correct and authorizes GF to conduct a credit investigation on behalf of Customer to include all references and credit reports. The undersigned individuals hereby consent to GF's use of a non-business consumer credit report in order to further evaluate the credit worthiness of the undersigned individuals as a principal or guarantor in connection with the extension of credit and further authorize GF to utilize a consumer credit report on the undersigned individuals from time to time in connection with the extension of credit contemplated by this application and knowingly consents to the use consistent with all federal, state and local laws, including 15 USC Section 1681, et.seq. The undersigned individuals hereby guarantee the prompt and full payment of all indebtedness of Customer, including all costs and reasonable attorney's fees necessary for collection and enforcement of this guarantee. The obligations of the undersigned individuals shall be primary and not secondary to Customer. This guarantee shall be a continuing and irrevocable guarantee and indemnity for the indebtedness of the Customer. The undersigned individuals waive all notice of default, nonpayment and notice thereof, waive all rights to a trial by jury, and consent to any modification or renewal of the credit agreement hereby guaranteed and consent to the jurisdiction of the State of Georgia, Gwinnett County for resolution of all disputes.

_____ Signature	_____ Name Printed	_____ Title	_____ Date
_____ Signature	_____ Name Printed	_____ Social Security #	_____ Date
_____ Signature	_____ Name Printed	_____ Social Security #	_____ Date

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: GF Health Products, Inc.

Address: 2935 Northeast Parkway, Atlanta GA 30360-2808

I certify that:
 Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered
 Wholesaler
 Retailer
 Manufacturer
 Seller (California)
 Lessor (see notes on pages 2-4)
 Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____