



PINNACLE MEDSOURCE
 225 Curie Drive, Suite 100 Alpharetta, GA 30005
 Toll Free (888)222-7310 Fax (770)772-7918
 Customer Credit Application

Acct# _____

***Legal Name of Business:** _____

Trade Name (DBA): (If applicable) _____

*Phone: (____) _____ Fax: (____) _____ *Fed ID # _____

*Billing Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____

Purchasing Agent Contact: _____

Phone: (____) _____ Fax: (____) _____

Phone: (____) _____ Fax: (____) _____

***Ship To Location** (List all ship to Locations) Check here if is same as billing address

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Type of Business: (please check one) _____ Non-Profit _____ Proprietorship _____ Partnership _____ Corporation

Number of Employees _____ Year Established _____ Number of Years at Present Location _____ Type of Business _____

*Tax Exempt (PLEASE ATTACH COPY OF EXEMPT CERTIFICATE) Taxable

***Principles**

Full Name: _____ Title: _____ Soc.Sec # _____ Date of Birth: _____

Home Address: _____

Full Name: _____ Title: _____ Soc.Sec # _____ Date of Birth: _____

Home Address: _____

Full Name: _____ Title: _____ Soc.Sec # _____ Date of Birth: _____

Home Address: _____

*Have Owners ever Filed Bankruptcy? NO YES , please explain in an attached page.

Bank Reference

Bank Ref. _____ Acct. No. _____ Contact _____ Phone _____

Address _____ Fax _____

Trade Reference (Please list 3 major vendors and your Invacare account number if applicable)

Trade Ref: _____ Acc. No. _____ Contact _____ Phone _____

Address _____ Fax _____

Trade Ref: _____ Acc. No. _____ Contact _____ Phone _____

Address _____ Fax _____

Trade Ref: _____ Acc. No. _____ Contact _____ Phone _____

Address _____ Fax _____

Preferred Term†: Prepaid (check by phone) Credit Card (CC)* Certified Cash On Delivery (CCOD) Net 30

Total Estimated Annual Purchases: \$ _____ Total Estimated Annual Pinnacle MedSource Purchase: \$ _____

Amount of Credit Requested: \$ _____

† SUBJECT TO CREDIT APPROVAL † CURRENTLY ACCEPTING VISA, MASTER & AMERICAN EXPRESS

PINNACLE MEDSOURCE
225 Curie Drive, Suite 100, Alpharetta, GA 30005
Phone : 770-772-7917 Toll Free: 888-222-7310
Fax: 770-772-6928 (Credit Department) Toll Free: 888-879-7918

INDEMNITY AGREEMENT

The dealer agrees to indemnify and hold harmless Garden City Medical, Inc d/b/a Pinnacle Medsource and its wholly owned subsidiaries and each of their successors and assigns from any and all claims, losses, damages, charges, expenses (including and all reasonable expenses involving attorney's fees and product recall) which may be made against Garden City Medical, Inc d/b/a Pinnacle Medsource and its wholly owned subsidiaries and each of their successors and assigns or which Garden City Medical, Inc d/b/a Pinnacle Medsource and its wholly owned subsidiaries and each of their successors and assigns may incur arising out of any negligent actions of the dealer, including, but not limited to, the maintenance, repair, or alterations of any Garden City Medical, Inc d/b/a Pinnacle Medsource branded or sold product. Sould the dealer sign and agree to this agreement, and and all guarantees, terms and conditions regarding indemnity contained on routine customer invoices shall be superseded and controlled by this document. The undersigned authorizes the suppliers, banking officers, attornerys, and accountants designated herein to disclose to Garden City Medical, Inc d/b/a Pinnacle Medsource and its wholly owned subsidiaries and each of their successors and assignes all informaiton requested pertaining to the business entity and its officers or owners in the credit review and extension process.

STATEMENT

I hereby certify that the foregoing figures and statements contained herein and attached hereto are true and correct and are furnished to Garden City Medical, Inc d/b/a Pinnacle Medsource for the purpose of inducing said corporation to extend credit to the undersigned. I authorized Garden City Medical, Inc d/b/a Pinnacle Medsource to make inquires as necessary into the personal credit history of said owners including but not limited to credit bureaus or credit reporting agencies, to determine credit worthiness, and retain this data in its file for future reference. Applicant agrees (1) To pay all charges within payment terms (2)The balance owned will become due in full upon any default in payment or upon violation of the terms of any agreement with Garden City Medical, Inc d/b/a Pinnacle Medsource (3) To pay all collection costs including all reasonable attorney fees. I hereby authorize Garden City Medical, Inc d/b/a Pinnacle Medsource to contact our bank and trade references for normal credit information.

I hereby understand and agree that Garden City Medical, Inc d/b/a Pinnacle Medsource may do the following regarding the inforamtion contained herein, from inquires into personal credit histories and company credit histories, and from orders/transcations ("personal information"): (1) share and maintain personal information electronically and/or in paper form between departments within Garden City Medical, Inc d/b/a Pinnacle Medsource; and (2) share and maintain personal information electronically and/or peaper form with third parties for reasons of auditing, financial reporting, security, rish/fraud control, orders/transcations, outsourced services, debt collection, resolution of disputes, and as otherwised permitted or required by law.

*

PRINCIPAL'S SIGNATURE

DATE

*

PRINTED NAME OF PERSON SIGNING

TITLE

Note: Credit application must be singed by a principal or owner listed on page #1 of this application

(*) Asterisked fields indicate minimal required fields. Please note that additional fields may be required for processing.

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RESALER CERTIFICATE

The undersigned certifies that he/she holds a valid Exemption Certificate, Reseller Certificate or Certificate of Authority to collect State and Local Sales Tax, or, if a new business has applied of a Sales Tax Certificate, and is principally engaged in (indicated nature of business):

And certifies that the purchases made from Garden City Medical, Inc d/b/a Pinnacle Medsource are (check applicable letter):

- A. _____ Tangible personal property for resale in its present form or as a component part of tangible personal property.
- B. _____ Tangible personal property for use in performing taxable services where such property becomes a component part of the tangible personal property upon which the services are performed or will be actually transferred to the purchaser of the service in conjunction with the performance of the service.
- C. _____ The purchaser holds a direct payment permit for sales and use tax in the states in the states in which it does business and therefore takes all responsibility for determination and payment of any tax due on taxable purchases.
- D. _____ The purchaser has applied for, but not yet received a Sales Tax Certificate. A copy of my application is enclosed. I will forward a final Reseller Certificate upon receiving a Sales Tax Certificate from the state.

The undersigned further certifies that he/she will not make tax-free purchases which are not for resale or otherwise exempt from payment of tax at time of purchase, and will pay the applicable use tax for such tangible personal property items which are purchases pursuant to this certificate and subsequently used or consumed in a taxable manner, and that any false or erroneous use of this certificate will subject him/her to payment of tax plus penalties and interest.

Name of Company

Date

Address

Resale Exemption Number

Tax Exemption Number

City, State, Zip Code

Tax Certificate Number

(If applied for and not yet received write "Applied For")

Signature of Owner/Principle

Title