

ACE Surgical Supply CO, INC  
1034 Pearl Street  
Brockton, MA 02301  
Attn: Credit & Collections

Existing ACE Account# \_\_\_\_\_

Tel # (800) 441-3100 Fax # (800) 583-3150

FIELDS MARKED WITH AN \* ASTERISK ARE MANDATORY

**NEW ACCOUNT APPLICATION AND CREDIT AGREEMENT**

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Send Invoices to Customer Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County/Parish/District \_\_\_\_\_ GLN # \_\_\_\_\_

(If applicable)

Tel #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

\*Purchase Order Required: Yes \_\_\_\_\_ No \_\_\_\_\_

\* Federal Tax ID or Social Security #: \_\_\_\_\_

\*Tax Exemption #: \_\_\_\_\_

\* If Tax Exempt, a copy of your Certificate must be sent with this application.

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**Shipping Location:**

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\*For multiple "Shipping" locations, please attach a list along with GLN Numbers\*

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**\*Accounts Payable Contact Information:**

Name: \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate if your location is a:                      (circle)  
Subsidiary      Division                      Branch                      Affiliate                      Franchise

Name and address of Parent Company: \_\_\_\_\_

If you would like a credit limit and terms extend to your company, please continue filling out the rest of the application.

If your company would rather remain a Pre-paid account, the rest of the application is not required.

- Remain Prepaid (Credit card payment required at time of order)  
 Apply for credit limit and Terms

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**\*TRADE REFERENCES**

<b>Name of Principal Medical Supplier</b>	<b>City &amp; State</b>	<b>Telephone &amp; Fax#</b>	<b>*Account Number</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Please be advised large distributors such as PSS, Cardinal, Fisher, Sysco, and Owens & Minor do not supply Trade References**

**\*BANK REFERENCE**

**\*Some institutions require a signature authorizing the release of any information, please sign below \***

**Name of Bank:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Bank Officer:** \_\_\_\_\_

**\*Account #:** \_\_\_\_\_

**Type of Account:** \_\_\_\_\_

**\*I authorize, \_\_\_\_\_, to release requested bank reference  
(Banking Institution Name)**

**Information to ACE Surgical Supply Co, Inc. is for the sole purpose of establishing a new account. Please make sure this signature is authorized with your banking institution.**

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**\*Authorized Banking Representative**

**Title**

We would like to thank you at this time for your interest in doing business with ACE Surgical Supply Co, Inc. Please allow up to 2 weeks for the application process. However, we aim to process your application within 72 business hours, depending upon how quickly your references respond. If you are in need of the product immediately, please consider a first order one time credit card purchase. If interested, please indicate so on your application.

To help expedite the process please ensure all areas marked with an asterisk are completed as your application will be deemed incomplete.

**CREDIT AGREEMENT**

**TERMS OF SALE:** The standard terms of sale of ACE Surgical Supply Co, Inc., (Seller), is NET 30 Days from the date of the invoice, unless the buyer receives authorization from Seller's management Stating otherwise.

**FINANCE CHARGE:** A late payment finance charge may be computed at the highest rate permitted by Law, but in no event, will it be less than 1.5% per month, or an annual rate of 18% on all amounts remaining unpaid 30 days after invoice date.

**DEDUCTIONS:** Allowance shall be made by the Seller for shortages and/or errors conditionally on the Buyer's written claim for said shortages and/or errors within 30 days of the date of delivery of the goods giving rise to such claim. Seller shall not be liable for more than the price originally charged for any shortage or error.

**RETURNS:** Dated Products or products that are shipped sterile are not returnable.

In consideration of, and in order to induce of ACE Surgical Supply Co, Inc., to establish a line of credit based of the foregoing application, the company/corporation/individual promises to pay for purchases in accordance with the Seller's terms of sale. In the event, it becomes necessary for the seller to incur collection costs or institute suit to collect any amount due under this credit agreement, or any portion thereof, the company/corporation/individual shall pay all collection costs, charges, and expenses, Including reasonable attorney's fees incurred by the seller in the collection of past due amounts. This agreement and all related business transactions with of ACE Surgical Supply Co, Inc. shall be governed by the laws of the State of Massachusetts. In case of any litigation between the parties, the Buyer expressly agrees to accept the exclusive jurisdiction of the courts of Massachusetts and waives any objection to the exercise of such personal jurisdiction over him or it.

The information and statements in this application are true and complete and are made for the purpose of establishing a line of credit with the Seller. Should any such information or statement, subsequent to their submission to the Seller change or in any way become false, misleading or incomplete. Buyer shall notify Seller in writing. The person executing this Credit Agreement is an authorized representative of the Buyer and is empowered to bind the Buyer to the terms and conditions of this Credit Agreement.

**BUYER:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corporate Seal**

Once all information is completed please return to ACE Surgical Supply attention Accounting Department:  
Fax # 800-583-3150