Urgent Surgery Solutions, Inc
1110 E. McDowell Rd, Phoenix, AZ 85006

Please email your completed application to: accounting@urgentsurgerysolutions.com or fax it to 877-760-4693

CUSTOMER APPLICATION – CREDIT CARD PAYMENT

Legal Company Name	Website Address	Federal Tax ID / EIN	
Legal Address (Main Office)	City	State	Zip
Contact Name	Title	Phone	
Billing / Statement Address (if different than Main Office)	City	State	Zip
Accounts Payable Contact Person	Accounts Payable Telephone	Accounts Payable Fax	Accounts Payable Email

Shipping Information:

☐ Please check this box if shipping is the same as billing

Ship to Company Name			
Ship to Address	City	State	Zip
Shipping ATTN	Ship to Telephone	Email for Shipping Notifications	

CREDIT CARD PAYMENT INFORMATION (Customer may call in this information to their sales representative or accounting at 877-542-9888 – prompt 3)

Card type: ☐ **Mastercard** ☐ **VISA** ☐ **Discover** ☐ **American Express** ☐ **Other:**

Cardholder Name (as shown on card): _____

Card Number: _____ **Exp Date (mm/yy):** _____ **CVV:** _____

Billing Address: _____ **City, State, ZIP Code:** _____

Customer authorizes Urgent Surgery Solutions, Inc., an Arizona corporation, for itself and as collection agent for any of its affiliates (collectively "USS"), to automatically charge the credit card above for all amounts owed on invoices or statements that are provided to Customer. Customer understands that Customer's credit card information will be saved to USS's filing system for future Customer transactions. Customer agrees to provide updated credit card information to USS should the credit card on file become outdated, invalid, or is declined for any reason.

AUTHORIZED SIGNATURE	Print Name	Title	Date

This section applies to all accounts with Urgent Surgery Solutions, Inc, and its affiliated companies ("USS")

Customer agrees to abide by (I) standard terms of sale provided or made available by USS and/or shown on USS's invoices or statements and (II) any written agreement or terms of sale with USS governing Customer's account. Customer agrees to pay for all purchases, fees, and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). USS reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if USS concludes that (I) there has been a material adverse change in Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet USS's credit requirements.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age; or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law. Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a USS representative, and that all information is complete and correct. Customer agrees that USS will be relying on such information and will notify USS of any material changes to such information.

USS is authorized to retain information obtained as part of the application process whether the requested account and/or credit is granted. Customer agrees to pay all reasonable attorneys' fees, expenses, or costs incurred by USS in enforcing its rights to collect amounts due from Customer. Arizona law governs this Application. The state and federal courts located in Maricopa County, Arizona are the sole and exclusive jurisdiction for any action or proceedings arising out of or related to this Application and Customer irrevocably submits to the exclusive jurisdiction of such courts in any such action or proceedings. This Application and any account opened in favor of Customer are subject to credit approval by USS.

By signing below, the undersigned authorized USS to order a consumer report related to the business principal(s) to determine credit eligibility AND agrees to all terms and conditions stated on this customer application.

Authorized Signature	Print Name	Title	Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

Please include as many copies of the Corresponding Licenses as possible: Clinic License, Pharmacy License, MD License, or DEA License