



Please email your completed application to: [accounting@urgentsurgerysolutions.com](mailto:accounting@urgentsurgerysolutions.com) or fax it to 877-760-4693

**CUSTOMER APPLICATION – TERMS AND CONDITIONS**

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	
<b>Shipping Information:</b> <input type="checkbox"/> Please check this box if shipping is the same as billing					
DBA or Business Trade Name of Account		\$	Estimated Monthly Purchases	\$	Initial Order
					Number of Employees
Ship to Address		City		State	Zip
Shipping ATTN		Ship to Telephone		Email for Shipping Notifications	
YEAR established		YEAR Current Ownership		State Org	
Has applicant, applicant's parent, or affiliates ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach explanation					
Ownership Type <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Private Corp <input type="checkbox"/> Public Corp <input type="checkbox"/> Professional Corp <input type="checkbox"/> Non-Profit Corp <input type="checkbox"/> Government					
Principal Owner(s) or Stockholder(s)			Percentage Ownership(s) - If Known		
NAME OF CONTROLLING ENTITY (if different from above)		Applicant's relationship to controlling entity		Phone	
Address of Controlling Entity		City		State	Zip
<b>REFERENCES</b>					
Primary Bank / Financial Institution		Account Number		Contact Name	
				Phone	
Primary Supply Provider		Account Number		Contact Name	
				Phone	
<b>This section applies to all accounts with Urgent Surgery Solutions, Inc., and its affiliated companies ("USS")</b>					
<p>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). Customer agrees to pay all reasonable attorneys' fees and expenses or costs incurred by USS in enforcing its rights to collect amounts due from 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.</p> <p>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.</p> <p>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.</p>					

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**