



REFURBISHED
RESPIRATORY
EQUIPMENT

CREDIT APPLICATION

COMPANY CONTACT INFORMATION-

Company Name:		
Company DBA:		
Phone:	Fax:	Web Address:
Company Physical Address:		
City:	State:	Zip Code:
FEIN TAX ID:	Country:	State Incorp:
Date Started:	Tax Resale:	(Please include copy of tax exempt cert)
Corporation: <input type="checkbox"/>	LLC: <input type="checkbox"/>	Partnership: <input type="checkbox"/> Other: <input type="checkbox"/>
Purchasing Contact:		
Phone:	Fax:	Email:
Alternate Purchasing Contact:		
Phone:	Fax:	Email:

COMPANY INVOICE / BILL TO INFORMATION-

CIS' PREFERRED METHOD OF INVOICING IS VIA EMAIL. PLEASE PROVIDE AN E-MAIL ADDRESS THAT YOU WOULD LIKE TO RECEIVE YOUR INVOICES

Invoice / Billing Email:		
Accounts Payable Contact:		
Phone:	Fax:	Email:
Accounts Payable Alternate Contact:		
Phone:	Fax:	Email:
INVOICE BILLING ADDRESS:		
City:	State:	Zip Code:
Attention:		

COMPANY SHIP TO / RECEIVING INFORMATION-

Ship To Name:		Address:	
City:	State:	Zip Code:	
Receiving Contact:			
Phone:	Fax:	Email:	
Alternate or Copy To - Delivery			
Phone:	Fax:	Email:	

COMPANY ACCOUNT APPLICATION - PREPARED BY:

Prepared by Name:	Title:
Prepared by signature:	
Prepared by E-Mail:	Phone:

COMPANY BANK INFORMATION-

Bank Account Name:	
Bank Account Number:	
Bank Name:	Website:
City:	State: Zip Code:
Bank Officer Contact:	Bank E-mail:
Bank Phone:	Bank Fax:
Other:	

TRADE REFERENCE #1

Company Name:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Type of Account:

TRADE REFERENCE #2

Company Name:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Type of Account:

TRADE REFERENCE #3

Company Name:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Type of Account:

PLEASE MAKE SURE ALL FIELD(S) ARE COMPLETED AS REQUIRED

Include current copy of:

- Sales Tax Exemption Certificate (CURRENT)
- W-9 Form (FEIN confirmation)
- Link for fillable form:

Please return completed form to e-mail: sales@cryois.com
CIS - FAX: 929-219-0080

For Check Payments: (Include copy of INVOICE with Check)

**1936 S. Lynhurst Drive (Suite M)
Indianapolis, IN 46241**

Purchases require: Corporate Purchase Order Document along with signed Master Purchase Agreement
Payment terms: Net 30 days from date of invoice (unless otherwise specified)

Company Email acknowledgement of information above (provides permission) for CIS to contact references for verification ONLY... **By named corporation**

TERMS AND CONDITONS OF SALE

Sale Terms - All Sales or Purchases are final unless otherwise noted. Past due accounts will be assessed 1.5% per month or the highest rate allowed by law and may be submitted for collections. Related collections fees will be assessed over and above balance due.

Accepted forms of payment -We accept VISA, MasterCard, American Express and Discover. We do not accept personal checks. We check transactions carefully and reserve the right to withhold shipment until we are satisfied with the legitimacy of any credit card purchase and/or reject any which we deem suspicious. We accept business checks for domestic orders only, but reserve the right to hold shipment until banking information is verified. We also accept PayPal and Wire Transfers. All wire transfers will incur a \$40 bank processing fee which will be added to your invoice.

Shipping - The buyer is responsible for all shipping fees unless otherwise specified. You are also responsible to inspect goods immediately upon delivery for shipping damage. Suspected damage must be noted with the shipping agent at delivery. You must document and report to CIS within 5 days and preserve all packing materials and evidence of damage. Failure to do so may result in the loss of your rights to file a warranty claim.

Equipment Availability - The availability of any item is subject to stock on hand at the time of your purchase. We strive to ship the day of purchase, however, the availability, delivery and timing may fluctuate.

Equipment Condition - CIS specializes in the buying and selling of medical equipment. Some items we sell are new and stated as such. However, unless otherwise specified, most items are pre-owned/refurbished and sold "patient-ready". CIS' refurbished products are carefully inspected, tested, and restored to the original manufacturers specifications.

TERMS AND CONDITONS OF PURCHASE

Please refer to CIS' Master Purchase Agreement for specific terms of purchase. All purchases are considered final once the following conditons are met: (1) shipment of the equipment, (2) product is inspected and deemed acceptable. If product is deemed unacceptable, Vendor will be contacted to arrange shipping back to the vendor (at Vendor's expense).