REACTHEALTH

Account Number: _____

Sales Rep.: _____

Sub Rep.: _____

New Account / Credit Application

☐ Order Included

Business Contact Information

Legal Business Name (Buyer): _____

Operating as (dba) (Buyer): _____

EIN _____ DUNS _____

Name of Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

AP Email for invoices and past due notices: _____

Registered Company Address: _____

City: _____ State: _____ ZIP Code: _____

Website: _____ Date Business Commenced _____ NPI # : _____

☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Other: _____

Business and Credit Information

Primary Business Address: _____

City: _____ State: _____ ZIP Code: _____

How long at current address? _____

Phone: _____ Fax: _____ E-mail: _____

Bank Name: _____

Bank Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Trade References Only (PLEASE REFER TO THE NO REFERENCE LIST PRIOR TO COMPLETING THIS SECTION)

Company Name (1): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account/Account #: _____

Company Name (2): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Account/Account #: _____

REACTHEALTH

NewAccount/CreditApplication

Shipping Information

Shipping Location 1:

On Site Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Lift Gate Required: YES ☐ NO ☐ Appointment Required: YES ☐ NO ☐

FedEx or UPS Billing Account # (If applicable): _____

Shipping Location 2:

On Site Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Lift Gate Required: YES ☐ NO ☐ Appointment Required: YES ☐ NO ☐

FedEx or UPS Billing Account # (If applicable): _____

Shipping Location 3:

On Site Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Lift Gate Required: YES ☐ NO ☐ Appointment Required: YES ☐ NO ☐

FedEx or UPS Billing Account # (If applicable): _____

Shipping Location 4:

On Site Contact Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Lift Gate Required: YES ☐ NO ☐ Appointment Required: YES ☐ NO ☐

FedEx or UPS Billing Account # (If applicable): _____

REACTHEALTH

NewAccount/CreditApplication

Agreement: Attach supplemental materials as necessary, but form must be completed in its entirety. All invoices are to be paid 30 days from the date of the invoice. By submitting this application, you authorize React Health to make inquiries into the banking and business trade references that you have supplied.

By signing this New Account/Credit Application/agreement, the individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to React Health that:
1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this

Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with React Health will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of DE and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of DE will apply. Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less. Buyer also agrees to pay $20 for each check issued by Buyer to React Health which is returned to React Health unpaid or marked NSF. In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) and financial institution(s) that the Buyer has specified on this document and others that React Health becomes aware of during the credit review process and from time to time. The undersigned also understands that React Health will retain this Application, whether or not it is approved, and that React Health will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer. In order for React Health to sell and to continue to sell to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer. Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others. Customer agrees to React Health's Terms of Sale located at www.reacthealth.com

CREDIT CARD INFORMATION

Any payment(s) not received within the NET-30 day term agreement, will be charged to the provided credit card after notification of default. The defaulting company will be notified by email and phone. The company will then have two weeks to make payment. If no payment is received, the card on file will be charged the amount due. Please note that a 3% transaction fee will be added to all credit card transactions.

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Authorized Signature: _____

APPLICATION ACKNOWLEDGEMENT

Company Name: _____ DBA: _____

Authorized Signature: _____ Date: _____

Signatory Name (pls. print): _____ Title: _____

FOR USE ONLY IF CREDIT CANNOT BE VALIDATED AND NEW ACCOUNT IS NOT APPROVED: PERSONAL GUARANTEE The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers' obligations under this Application with React Health including timely payment of any and all sums due to React Health The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Authorized Signature: _____ Date: _____

Guarantor's Name (print): _____ Title: _____

Please mail, email or fax completed application to:
React Health
5101 Fruitville Road, Suite 200 | Sarasota, FL 34232
(863) 226-6285 • FAX (863) 226-6284
orders@reacthealth.com

REACTHEALTH

Account Number: _____
Sales Rep.: _____
Sub Rep.: _____

New Account Information sheet

Company Information

Corporate Name _____

DBA_____

Address_____

_____

Main Phone Number _____

Contacts

Owner/Manager: _____

Direct line/extension:_____

Email address:_____

Ordering Contact: _____

Direct line/extension:_____

Email address:_____

Purchasing Agent: _____

Direct line/extension:_____
___

Email address:_____

Clinical Contact: _____

Direct line/extension:_____

Email address:_____

Affiliations

Are you Affiliated with a sleep lab **Yes** ☐ **No** ☐

Lab_____ **Location** _____

Lab_____ **Location** _____

Lab_____ **Location** _____

REACTHEALTH

Account Number: _____

Sales Rep.: _____

Sub Rep.: _____

Locations

Branch Name/ID Number: _____

Address_____

_____

Contact: _____

Direct line/extension:_____

Email address:_____

Branch Name/ID Number: _____

Address_____

_____

Contact: _____

Direct line/extension:_____

Email address:_____

Branch Name/ID Number: _____

Address_____

_____

Contact: _____

Direct line/extension:_____

Email address:_____

Branch Name/ID Number: _____

Address_____

_____

Contact: _____

Direct line/extension:_____

Email address:_____

REACTHEALTH

NO Reference List

The following companies do not give credit references. Please do not list them on your new account application. Incomplete applications will cause a major delay in processing or will not be processed. Application process is typically one to seven days and in extreme cases could take longer.

Abbott Nutrition

Airgas LLC

Amerisource

Billing Service Providers

BSN Medical Inc.

Caire Medical

Cardinal Health

Comfortland Medical Inc

DeVilbis

DJO Global/ Dr Comfort

Drive

Dr. Comfort

Dr Royal

Financial Institutions

Fisher Healthcare

Fisher & Paykel

Fisher Scientific

Henry Schein

Independence Medical

Invacare

Innova Labs

Johnson & Johnson Healthcare

Julius Zorn Inc.

Larkotex

McKesson Drug

Medline Industries

Medtronic USA

Office supply companies

ORS Nasco

Precision Medical

ResMed

Respironics

Rose Healthcare

SoClean

Suburban Ostomy

SUMMIT : worker's compensation company

Sunrise Medical

Telephone and Internet Service providers

Texas Medical Distribution
Needs written authorization from owner on letter head

The After Market Group

Thermo Fisher Scientific