

Customer Request for Terms

Page 1

QuickMedical

Federal ID # 91-2075400

Attn: _____ Date _____

30200 S.E. 79th St.
 Suite 120
 Issaquah WA 98027-8792
 425-222-5963 Toll Free 888-345-4858
 Fax 425-222-6030
www.quickmedical.com

<p>Quick Medical information only</p> <p>Order Number: _____</p> <p>Sales Person: _____</p> <p>Date Received Back: _____</p>
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PO Number _____
Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Years In Business: _____

Type of Business: Hospital _____ Clinic _____ Private Practice _____ Government Agency _____ Other _____

<p>Accounting Department Information</p> <p>Contact Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>

Payment terms and Return Policy

Payment Terms: Net 30 Days from invoice date. Payment must be received before or on due date.

Late Fees: Five percent late fee will be added for each month past due. Customer agrees to pay all late fees.

Return Policy: QuickMedical offers a 30-day return Policy from invoice date. All returns must be in original factory packaging and undamaged. All parts and Manuals must be returned. No returns will be accepted after 30 days. A Factory Restock fee may be charged on some items. A 25 percent restock fee will be charged on all items returned without an RMA.

Return Shipping: Customer agrees to pay all return shipping charges.

Return Check Fee: A \$30 Check fee will be charged.

Warranty: Factory Warranty will apply.

Defective Items: All defective items must be confirmed defective with the factory.

Special ordered items: All items that are special order are non returnable. This will pertain to items with special color, size or alteration. Quick Medical will not be held responsible for items ordered with a special color not meeting customer requirement.

Restock Fee: QuickMedical does not charge a restock fee. Some manufacturers will charge a restock fee to return product, the customer agrees to pay this fee if applicable.

Shipping: If delivery is refused or if Shipping Company cannot deliver for any reason the customer agrees to cover any additional shipping expense.

The signee and company represented, agrees with QuickMedical Terms and return policy. In the event that Quick Medical should have to go through a collection agency to collect funds, the customer agrees to pay all reasonable collection and legal fees.

This agreement is for all future purchases this agreement is for one time only Initials: _____

X _____
Signature

Supervisor or Physician

X _____ **Date:** _____
Print Name

X _____
Signature

X _____ **Date:** _____
Print Name

Credit card payment only 30 day Terms Allowed *30 day Terms with Credit card number

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Page #2 is for those customers not using a company purchase order. Please fill out the form below and fax back with our completed terms application provided.

Quick Medical Ref/Order number _____

To whom it may concern,

Thank you for the items requested from QuickMedical. Attached is a request for credit terms. Please fill out the form and fax back to QuickMedical. As soon as we get this form back we will process your order.

***QuickMedical may require a credit card payment for first time customers or request a credit card number if terms are allowed.**

Ship To:

Bill To:

Accounts Payable Information:

Company Name _____

Company Name _____

Name _____

Contact Name _____

Contact Name _____

Phone _____

Address: _____

Address: _____

Fax _____

City: _____

City: _____

Email _____

State: _____ Zip: _____

State: _____ Zip: _____

Payment Terms

Net 30 Days _____

Credit Card: Visa ___ MC ___ Disc ___ AE ___

Card Number: _____ Exp: _____

CVV# _____ Signature: _____

**Billing address must match the credit card billing address

*** I authorize QuickMedical to use the credit card provided to pay for goods requested. If terms are allowed and payment is not made I authorize Quick Medical to charge the credit card provided for full payment and fees.**

Customer Reference or PO# _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Credit card payment only 30 day Terms Allowed *30 day Terms with Credit card number

Requester Name: _____ Date: _____

Qty	Part Number	Description	Notes/Color	Price

Shipping: UPS Ground ___ UPS 3 Day ___ UPS 2 Days ___ UPS next Day ___

Please ship and charge to our UPS account number _____

Please prepay shipping and add to our bill ___

I agree with the terms on page 1 X _____
Signature