

WestCMR # \_\_\_\_\_

**For office use only**

## **CREDIT AGREEMENT with West Coast Medical Resources, LLC (WestCMR)**

*Credit Application must be completed and signed in order to process*

**EMAIL OR FAX COMPLETED APPLICATION TO: [accounting@westcmr.com](mailto:accounting@westcmr.com) or (727) 683-9867**

**We/I hereby apply for credit in accordance with the terms listed on the back of this document.**

Name of Business: \_\_\_\_\_

Type of Business:

\_\_\_\_\_ Corporation    \_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ Partnership    \_\_\_\_\_ Limited Liability Corporation

Physical Address

City

State

Zip Code

County

Phone

Fax

Web Site:

Mailing Address (if different from above)

City

State

Zip Code

County

Principal Owner (First Name/Title)

Social Number or Federal Tax ID # \_\_\_\_\_

Has this company, its officers or principal owners ever declared bankruptcy?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**\*\*If yes, give details on separate page.**

Credit Amount Desired \$ \_\_\_\_\_

Please list any and all codes you currently purchase: Please Check with Your Purchasing Agent:

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### **REFERENCES**

Vendor Name

Address

City, State, Zip

Phone #

Fax #

Account #

Bank Reference

Address

City, State, Zip

Phone #

Fax #

Name of Contact/Account #

Vendor Name

Address

City, State, Zip

Phone #

Fax #

Account #

Bank Reference

Address

City, State, Zip

Phone #

Fax #

Name of Contact/Account

### **FACILITY BILLING INFORMATION - *WestCMR will email your invoice unless otherwise specified.***

FACILITY BILLING NAME \_\_\_\_\_

AP CONTACT \_\_\_\_\_

AP CONTACT PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_ AP EMAIL \_\_\_\_\_

BILLING PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_ BILLING EMAIL \_\_\_\_\_

FACILITY CFO NAME \_\_\_\_\_

CFO PHONE \_\_\_\_\_ CFO EMAIL \_\_\_\_\_

**Tax Information:** \_\_\_\_\_ Taxable    Sales Tax # \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Tax Exempt - I will provide proof of Exempt Status with Application

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### **WESTCMR TERMS & CONDITIONS**

- **ACCEPTANCE:** WestCMR hereby accepts Buyer's orders for supplies as described on the Buyer's purchase order, but such acceptance is expressly conditional upon acceptance by Buyer of the terms set forth herein. WestCMR shall not be bound by ANY TERMS of Buyer's purchase order which provide conditions additional to or different from the terms hereof.
- **PRICES:** Prices stated herein are based on present costs. Such prices are subject to increase at any time prior to acceptance of your order to the extent necessary to cover increased costs applicable thereto.
- **TAXES:** Buyer is liable for the full amount of all taxes as a result of all transactions (if applicable).
- **PAYMENT TERMS:** Once credit has been approved, payment is due **within 30 days**. INITIALS \_\_\_\_\_
- **ACCEPTED PAYMENTS:** We accept the following forms of payment:
  - **ACH: Branch Banking & Trust Routing# 263191387 Account# 0000147267045**
  - **Paymode-X: www.paymode.com 877.443.6944**
  - **Commerce Bank Private Network Card: www.commercevantage.com 866.362.8570**
  - **Visa/MC/Discover/Amex: Call to process**
- **CANCELLATIONS:** Buyer may cancel its order or reduce quantities simply by notifying its regional representative at any time before the order is shipped.
- **SHIPMENT:** Unless otherwise specified, items will be shipped the same day the order is received except in the event it is received too late in the day to meet the shipping deadline. Our standard is FedEx Second Day. If desired, Standard Overnight, Priority One or First Priority may be requested (Where Available) and a premium will be charged for those designations.
- **OUR RETURN POLICY:**  
**SHORT-DATED ITEMS are non-refundable!** Anything sold that is short-dated (under 180 days/6 months) and sold at a significant discount over and above WestCMR regular pricing, is not subject to return under any circumstances. This will be noted on the invoice and all sales of this type are final. **NO EXCEPTIONS.**  
**ALL OTHER ITEMS** are refundable with the below criteria.
  - 1-30 days – The facility may return items for full credit less a 10% re-stocking fee.
  - 31-60 days – The facility may return items for a credit equal to 75% of the purchase price.
  - 61-180 days – The facility may return items for a credit equal to 50% of the purchase price.
  - > 180 days – WestCMR **will not grant credit** for items that were sold 180 days or more prior.

If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees, collections fees and all costs of suit incurred. When Credit is extended, it is contingent upon prompt payment, according to the agreed upon terms and will be restricted to a credit limit – to be determined by the Credit Department. Open credit may be withdrawn at any time. All credit applications are subject to periodic review and will require updates. Credit privileges may be withdrawn at any time without notification if account goes past due. This Contract shall be construed under the laws of the State of Florida. Any litigation concerning this contract may be commenced, at the sole discretion of the credit grantor, in any local, state or federal court within the State of Florida. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with WestCMR Terms.

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### **CREDIT RELEASE AUTHORIZATION**

For the purpose of obtaining merchandise on credit; I authorize

Your Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Acct # \_\_\_\_\_

To release credit information to:

**West Coast Medical Resources, LLC**

**P. O. Box 839**

**Clearwater, FL 33757**

**(800) 565-6385**

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by West Coast Medical Resources, LLC or its representative, by telephone or written correspondence.

The undersigned warrants that the information is true and correct and that he or she is authorized to sign on behalf of the credit applicant.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_