



INTERNATIONAL CUSTOMER CREDIT PROFILE

The following form will help us make a credit determination for your organization, as well as create a comprehensive company profile for our records. Please fully complete all pages, making sure you sign the Customer Authorization where indicated on page 5.

DATE: _____

GENERAL COMPANY INFORMATION

COMPANY NAME:	
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:

ANNUAL SALES (US\$):	DESIRED MONTHLY CREDIT LIMIT (US\$):
YEAR FOUNDED:	NO. OF EMPLOYEES:

MAILING ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:

PHONE NUMBER: <i>(include country/area code)</i>
FAX NUMBER: <i>(include country/area code)</i>
E-MAIL ADDRESS:
PRIMARY CONTACT:
TITLE: <i>(of primary contact)</i>

OFFICERS/PARTNERS/OWNERS

NAME:	TITLE:
NAME:	TITLE:
NAME:	TITLE:

SATELLITE LOCATIONS *(if applicable)*

QUESTIONS? Call 01.239.687.1280 to speak with a Customer Service Representative.

INTERNATIONAL CUSTOMER CREDIT PROFILE, *continued*

CERTIFICATIONS/ORGANIZATION MEMBERSHIPS

PRODUCT INFORMATION

TYPES OF MEDICAL PRODUCTS SOLD:

TYPES OF RESPIRATORY PRODUCTS SOLD:

MARKET SHARE/YEARLY SALES IN RESPIRATORY DIVISION (US\$):

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RESPIRATORY PRODUCTS VENDORS

MANUFACTURER	PRODUCT

LOCAL RESPIRATORY MARKET

Do patients receive their equipment from doctors, home care providers, or directly from the manufacturer?

Will their main contact be with the hospital or therapist?

QUESTIONS? Call 01.239.687.1280 to speak with a Customer Service Representative.



INTERNATIONAL CUSTOMER CREDIT PROFILE, *continued*

List three active trade references. Please **DO NOT** include any of the companies listed below as they will not provide references as a matter of company policy:

Abbott Labs	Baxter Healthcare	H.P. Smith	One Medical Industries
Alliance Health Care	C.D.W.	Invacare	Resmed
A&G Industries	Camp CM3 Canada	Jodee	Respironics
Air Gas	Cardinal Healthcare	Kimberly Clark	ROHO
American Express	Corporate Express (San Diego)	Mada Medical Group	Royce Medical
Amerisource (Valencia, CA & Corona, CA)	DJ Orthopedic, LLC	McKesson Drugs	Sunrise Medical
Boise Cascade (Orlando, FL)	Drive Medical	Medline Industries	The After Market Group (TAG)
Braun McGaw	Fisher Paykel	Medi-USA	Viking
BSN-Jobst, Inc.	Gulf South	Mercy Surgical	WAAD (Wright Express)
	H & H Wholesale	Morris & Dickson	Zimmer Medical

All requested information must be included for each reference. Use references that correspond to the monthly credit limit desired.

COMPANY NAME:	ACCOUNT NUMBER:
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:
PHONE NUMBER: <i>(include country/area code)</i>	
FAX NUMBER: <i>(include country/area code)</i>	
HIGH CREDIT LIMIT: \$	DATE ACCOUNT OPENED:
COMPANY NAME:	ACCOUNT NUMBER:
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:
PHONE NUMBER: <i>(include country/area code)</i>	
FAX NUMBER: <i>(include country/area code)</i>	
HIGH CREDIT LIMIT: \$	DATE ACCOUNT OPENED:
COMPANY NAME:	ACCOUNT NUMBER:
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:
PHONE NUMBER: <i>(include country/area code)</i>	
FAX NUMBER: <i>(include country/area code)</i>	
HIGH CREDIT LIMIT: \$	DATE ACCOUNT OPENED:

PAYMENT TERMS

Lines of credit will be extended to firms showing a favorable credit rating or to those firms that furnish three trade references, which provide favorable credit information. If we cannot establish a favorable credit determination, our terms require credit card payment or wire transfer before shipment. If terms are granted, your account will be established with net 60-day terms. All accounts over sixty days are subject to an interest and service charge of 1.5% per month. This represents an annual percentage rate of 18% per year. Any customer with an unpaid invoice after 60 days will not be eligible to receive any new shipments until the account is brought current.

QUESTIONS? Call 01.239.687.1280 to speak with a Customer Service Representative.



CUSTOMER AUTHORIZATION

I hereby authorize CHAD Therapeutics to contact the references I have provided in an effort to make a credit determination for my organization.

NAME:	TITLE:
COMPANY NAME:	
STREET ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	COUNTRY:



Signature: _____ Date: _____

SIGN HERE

QUESTIONS? Call 01.239.687.1280 to speak with a Customer Service Representative.