

CREDIT APPLICATION



The undersigned company is applying for credit with Healthy Ideas, Inc, DBA Southeastern Medical Supply (SEMS), which is a South Carolina registered company. The Undersigned Company agrees to abide by the standard terms and conditions of as noted in this agreement. Email completed form to sales@semedicalsupply.com or fax it to 803-233-6140.

Company Name _____

DBA (if different) _____

Address: _____

Federal Tax ID or Social Security No. _____ DUNNS Number _____

Date Business Established _____ No. of Employees _____ Annual Sales _____

Type of Business _____ URL: _____

Contact Person _____ Title _____

Phone _____ Fax _____ Email _____

Types of Products You Will Purchase _____

Amount of Credit Requested \$ _____ Amount Granted by SEMS \$ _____

Corporate Structure : are you a (check one):

CORPORATION

State of Incorporation _____

Names, Titles, and Addresses of Your Three Chief Corporate Officers

Name and Address of Your Resident Agent

LIMITED LIABILITY CORPORATION (LLC)

State Where Formed _____

Names, Titles, and Addresses of Your Three Chief Managers or Members

Name and Address of Your Resident Agent

PARTNERSHIP

Names and Addresses of the Partners

SOLE PROPRIETORSHIP

Are you sales-tax exempt? Yes _____ No _____

Have you ever had credit with us before? Yes _____ No _____

If yes, under what name? _____

Authorized Purchasers _____

Purchase Order Required? Yes _____ No _____

TRADE REFERENCES

Name: _____

Address: _____

Phone () _____

Name: _____

Address: _____

Phone: () _____

Name: _____

Address: _____

Phone () _____

BANK REFERENCES

Account #: _____ Phone () _____

Contact Person: _____

Name of Bank: _____

Address: _____

Account #: _____ Phone () _____

Contact Person: _____

Name of Bank: _____

Address: _____

I represent that the above information is true and is given to induce Healthy ideas Inc to extend credit to the Applicant. My company and I authorize Healthy Ideas Inc. to make such credit investigation as Healthy ideas Inc. sees fit, including contacting the above trade references, banks, and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Healthy ideas Inc. any and all information concerning the financial and credit history of my company.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

PERSONAL GUARANTEE OF CORPORATE OR LLC OFFICER

In consideration of Healthy ideas , INC. extending credit to _____, I personally guarantee payment for all items and services purchase on credit by that corporation or LLC.

Signature: _____

Printed Name: _____ Date: _____

GENERAL TERMS AND CONDITIONS

Invoices are emailed immediately upon order placement and are due in full 30 days after the order has been placed and shipped. If no other discounts have been applied to the order, you may take a 5% discount as indicated on the invoice if you pay the invoice in full within 10 days of order placement.

All amounts due for purchases from SEMS are payable at Southeastern Medical Supply, 539 Clemson Road, Columbia, S.C. 29229.

Any invoice not paid in full by the end of the 30 day term, is considered past due. A service charge of 2% per month or 18% per year or the highest legal rate, whichever is less may be assessed on delinquent invoices.

No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department and C.O.D. restrictions may be placed.

A faxed or emailed application will be deemed as an original document.

The Applicant agrees that no oral agreements or modifications to this agreement can be enforced.

The Applicant understands that he must notify SEMS in writing, and by certified mail of any change in ownership, the name or the business structure under which credit is established.

The Applicant certifies that this request is for the extension of credit for business purposes only and is not intended for the extension of credit for personal, family or household purposes.

The person executing this agreement has the authority to bind the Applicant and is authorized by the Applicant's company to enter into the credit application terms and conditions.

Applicant agrees to examine immediately upon receipt, each of SEMS's statements (invoices) and to advise SEMS of any disputed transactions within 10 days of receipt, together with a written statement specifying the reasons for such dispute. Failure to notify SEMS of any dispute with respect to defective goods or billing shall constitute a waiver of all such disputes.

Applicant further expressly agrees that it shall be liable and pay all attorneys' fees, collection costs and court fees, and any other expenses associated with the enforcement of any of the terms of this application and costs resulting from a default under this application.

Applicant agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with a competent jurisdiction chosen at the discretion of SEMS and that Applicant expressly waives its venue rights without reference to conflicts of laws principles.

Applicant agrees that Applicant will submit all disputes to final and binding arbitration in accordance with the rules of the American Arbitration Association or the national Association of Arbitrators. Applicant agrees to be bound by the arbitrator's decision.

SEMS reserves its right, at its sole discretion and without notice, to cancel all available credit and refuse to make future advances.