CREDIT APPLICATION

Restorative Care of America Incorporated
12221 33rd Street North
St. Petersburg, FL 33716-9810
Phone: 1-800-354-9321 or 1-800-627-1595
Fax: 1-800-545-7938 or 1-727-573-1886
E-mail: INQUIRE@RCAI.COM – Orders: BUY@RCAI.COM Web site: WWW.RCAI.COM

****PLEASE ATTACH A COPY OF TAX-EXEMPT OR RESALE CERTIFICATE****

BY: _____
Name of firm or individual Federal ID Number

_____ _____
Address Years in Business

_____ _____ _____
City, State, Zip Phone **Fax**

_____ _____
County Type of Business (i.e.: DME, O & P, HOSP)

Hereby applies for credit in accordance with the terms and conditions of Restorative Care of America Incorporated, as listed below.

TERMS: **Payment: Net 30 days from invoice date. Minimum order amount is $25.00**
Late penalties: 2% monthly service charge on balances outstanding beyond 30 days of invoice, but only to the extent allowed by the law.

The following information must be completed in full with the current credit information; and will be held in the strictest confidence.

OWNERSHIP: [ ] Corporation [ ] Partnership [ ] Individual
[ ] Check here if incorporated within the last 12 months.

_____ _____ _____
Name (s) of Principal (s) Address Phone

_____ _____ _____
Name (s) of Principal (s) Address Phone

_____ _____ _____
Name (s) of Principal (s) Address Phone

FINANCE: _____ _____
Bank Phone

_____ _____
Bank Officer or department Account Number

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TERMS POLICY

FREIGHT

Buyer is responsible for all freight charges. RCAI will pay ground freight charges for all orders over $1000.00 (net merchandise).

WARRANTY

The Company warrants that each of the products as delivered to the user of the Product will conform to the warranty supplied by the Company with respect to that Product. THIS IS THE SOLE AND EXCLUSIVE WARRANTY PROVIDED BY THE COMPANY. THE COMPANY MAKES NO OTHER WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

RETURN AUTHORIZATION POLICY

Prior authorization by Restorative Care of America Incorporated is required before merchandise can be returned. This number must be written on your "Shipping Label" and packing list. All returns will be refused if the Return Authorization (RGA) does not appear on the label. To obtain your Return Authorization Number, contact Customer Service at 1-800-354-9321 or 1-727-573-1595. To expedite your return Authorization Number, please have available your original Purchase Order Number and RCAI's Invoice Number.
Merchandise must be returned in original sealed package.
-Return Authorization numbers are only valid for 30 days.
-Merchandise not received by RCAI within 30 days will not be accepted.
-Authorized returns will be subject to:
-Product ordered in error may be returned within 30 days of order date without being assessed a restocking charge. **Buyer is responsible for all freight associated with the delivery and return of product.**
-Returns requested between 31 and 90 days after order date will be subject to a 20% restocking charge.
-Returns after 31 days will be credited against future purchases only.
-**90 days A.R.O. - no merchandise return will be authorized.**
-Return freight is responsibility of customer.
-No used or open merchandise is eligible for return.
-Broken product, call RCAI Customer Service for information.

DISCOUNT POLICY

Please refer to your RCAI Price List.

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REFERENCES:

Business Name	Account #	Phone	**FAX**
Business Name	Account #	Phone	FAX
Business Name	Account #	Phone	FAX
Business Name	Account #	Phone	**FAX**

[ ] Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. **In signing, we also grant you permission to contact our bank and above referenced vendors for credit information.**

_____ _____
Signature: Director/Officer Date

_____
Print: Name & Title

Company Contact:_____ _____
Phone

==========DO NOT WRITE BELOW THIS SPACE==========

_____ _____
References checked by [ ] Credit approved by

_____ _____
Reference results [ ] Credit denied by

_____ _____
Credit Limit Assigned Date