



Thank you

Thank you for choosing Aspen Surgical Products, Inc. for your surgical supply needs. We are confident that you will be very satisfied with the products we offer and the support you will receive from Aspen. We have enclosed a credit application and our customer agreement form for you to complete and e-mail back to us at customerservice@aspensurgical.com.

Your new account will be opened with payment terms of Net 30, pending the verification of credit references, once you have completed and returned the enclosed credit application.

You must indicate on the form below if you are a taxable or sales tax exempt entity. If you are exempt, a tax exemption certificate must be returned with this paperwork in order for Aspen to set up a customer account.

If you have any questions, please call or email our Customer Service Department at (888) 364-7004, e-mail address listed above.

We appreciate your business and look forward to working with you.

Kind Regards,

Aspen Surgical Products, Inc.
A Hill-Rom Company

New Customer Form

Please fill out the form in full. Thank you.

Company Legal Name

Company Parent Name

Bill To

City State Zip

Ship to Address

City State Zip

Alternative Ship to Address

City State Zip

Accounts Payable Contact

Phone Fax E-mail

Purchasing Contact

Phone Fax E-mail

Freight Acct Carrier / Preferred Shipping Method

Freight Acct Number

Primary GPO Contract

GPO Contract ID

Integrated Delivery Network (IDN) Name

FEIN or Social Security Number

GLN (Global Location Number)

Sales Tax Exempt Entity (please include exemption certificate/
determination letter)

Customer Type: Distributor, Exporter, Importer, Kit Packer,
OEM, , etc.

Taxable Entity

Standard Terms and Conditions

Standard Terms and Conditions:

1. These Standard Terms and Conditions apply to companies who have successfully completed a credit application and to whom credit is extended ("Customer" or, collectively, "Customers"). Aspen Surgical Products, Inc. ("Aspen") retains the right to refuse, revoke or change credit at any time.
2. Aspen will review all Customer order forms and retains the right to correct any order that includes incorrect information or information that is inconsistent with the Standard Terms and Conditions of Aspen. Customer will be notified verbally on a verbal order and via fax confirmation form on a fax order of any such correction. Customer shall update Aspen when changes in information occur.
3. Customer agrees to pay the purchase price for products ordered, and all taxes, freight, handling and shipping fees, as invoiced by Aspen.
4. Aspen accepts all standard ACH, wire payment and checks (unless a check is returned for non-sufficient funds). The remittance information follows:

Aspen Surgical Products, Inc.
3998 Reliable Parkway
Chicago, IL 60686-0039

For electronic transactions:

Bank Information:

PNC Bank, Pittsburg PA
Routing #041000124

Swift code for international clients is PNCCUS33

Beneficiary Info:

Aspen Surgical Products, Inc
Account #4228346436

5. Customer agrees to pay a twenty-five dollar (\$25.00) minimum order fee for any orders less than fifty dollars (\$50.00).
6. Customer agrees to pay a \$5.00 shipping and handling fee for each order.
7. Customer shall report any delivery, quantity, quality and/or pricing issue to Aspen's Customer Service Department at 616-698-7100 prior to the payment due date listed on the applicable invoice or Customer will be responsible for the full amount of the invoice. All products are deemed accepted by Customer unless a report is made under the Section 6. Customer will be instructed on the return and replacement procedure when calling-in any such report. Returns and other credits will expire six (6) months from the date of issuance.
8. Customer will pay standard terms net thirty (30) days as noted on the invoice.
9. Aspen reserves the right to periodically adjust its pricing and will notify Customer by verbal, written or electronic notice of any such pricing adjustment at the time of their order. If, however, Aspen has agreed to hold its pricing for a specific period of time in a separate written contract with Customer, the pricing terms in such contract shall govern.
10. Orders may be canceled or rescheduled only with prior written consent of Aspen.
11. Customers with invoices that remain unpaid more than fourteen (14) days past the payment due date may be assessed a late fee. The late fee will equal 5% of the total past due balance on the applicable invoice(s).
12. Customers with invoices more than seven (7) days late will receive a collection notice regarding the status of their account and credit will be suspended pending full payment.
13. Customers with invoices more than sixty (60) days past due may have a credit review and Aspen may change the Terms and Conditions or credit status on their account.
14. Customers with invoices more than ninety (90) days past due may have the Terms and Conditions or credit status changed on their account and may be referred to a collection agency.
15. Should Customer's account be referred to a collection agency or otherwise be delinquent, Customer will be responsible for all collection costs, late fees and amounts past due including, without limitation, attorney's fees.
16. These Terms and Conditions represent the parties' entire agreement and supersede all prior communications pertaining to the subject matter hereof. Any and all changes to the Terms and Conditions, other than under Sections 13 and 14, must be negotiated and mutually agreed upon in writing in a separate contract signed by Customer and Aspen.
17. Customer acknowledges that Aspen makes no representations or warranties of any kind as to the condition or performance of any product, its merchantability or fitness for particular purpose, other than the product being free from defects in materials and workmanship for a one-year period after purchase.
18. Under no circumstance shall Aspen be liable or have any obligation to Customer or any third party for any claim, loss, damage or expense caused in whole or in part by the use or performance of any product or for any special, direct, indirect, incidental, consequential, exemplary or punitive damages, however caused, other than for (i) the replacement of such product or issuance of a credit to Customer pursuant to Aspen's return policy for a breach of the warranty contained in Section 16 above or (ii) actual damages directly related to a breach of the warranty contained in Section 16 above.
19. Aspen Surgical will accept returns and issue full credit on products that are returned due to shipping or picking errors on our part. Customer Service authorization is required for all product returns. Please contact Customer Service to receive your return authorization number. Only full, unopened boxes of product will be accepted for return. The applicable restocking fees will apply: 0-60 days 15% and over 60 days not returnable. Custom Products are not returnable, unless you have received faulty product. In this case you must contact Customer Service to open a customer complaint. For any customer-requested replacement goods, a new order will be initiated and invoiced separately.

Credit Application

Business Contact Information

Company Name

Contact Name

Phone Number

Address (Street Address, City, State, Zip)

Date Business Commenced

D&B Number

- Sole Proprietorship Partnership Corporation
 Other

Business or Trade References

Company Name

Address (Street Address, City, State, Zip)

Phone Number Fax Number

E-mail

Company Name

Address (Street Address, City, State, Zip)

Phone Number Fax Number

E-mail

We the undersigned signify by our order that we understand and agree to Aspen Surgical Products, Inc's standard terms and conditions. We signify by our signature that we have the legal right to agree to these terms for our company and that Aspen Surgical Products, Inc. has our permission to check our references.

Signature

Title Date

Internal Use Only:

Customer Service Rep

Prepaid and add

Business and Credit Information

Primary Business Address (Street Address, City, State, Zip)

Phone Number Fax Number

Email

Bank Name

Bank Phone Number Bank Fax Number

Bank Address (Street Address, City, State, Zip)

Account Number

- Savings Checking Other

Company Name

Address (Street Address, City, State, Zip)

Phone Number Fax Number

E-mail

Company Name

Address (Street Address, City, State, Zip)

Phone Number Fax Number

E-mail

Signature

Title Date

Contact Information

Physical Address:

Aspen Surgical
6945 Southbelt Drive SE
Caledonia, MI 49316
www.aspensurgical.com

Toll Free Phone: 888.364.7004

Toll Free Fax: 888.364.5381

For electronic transactions:

Remittance Address:

Aspen Surgical
3998 Reliable Parkway
Chicago, IL 60686-0009
Email Remittance to:
Remittance@aspensurgical.com

Direct Phone: 616.698.7100

Direct Fax: 616.698.9281

Bank Information:

PNC Bank, Pittsburg PA
Routing #041000124

Beneficiary Info:

Aspen Surgical Products, Inc.
Account #4228346436

Swift code for international clients is: PNCCUS33

We also accept ACH and Electronic Wire Payments**Customer Service**

Orders, Order Inquiries, Product Inquiries, Product Return
customerservice@aspensurgical.com
Phone: 888.364.7004 x600
Fax: 888.364.5381

Accounts Receivable

Account, Payment, & Tax Information, Refund Requests,
Statement and Invoice Copies, W-9 Form
AR@aspensurgical.com
Phone: 888.364.7004 Option #4
Fax: 616.698.9281

International Accounts

schelhaask@aspensurgical.com x170
vernons@aspensurgical.com x153
Phone: 616.698.7100
Fax: 888.364.5381