



# Aspen Surgical New Reseller Application

Thank you for expressing an interest in becoming a reseller for Aspen Surgical Products Inc. At Aspen Surgical, we take our purpose and mission very seriously. Every day, we strive to make a difference. Every day, we hold ourselves to a higher standard. Every day, we provide quality products, impeccable customer service, and a consultative approach to ensure that our customers are driving optimal patient results and fostering a culture of safety. We believe in the strength of our products, but it is our People, Quality, Manufacturing Capabilities, Brands, and Safety Solutions that truly sets us apart.

Please review and complete the form below and return it to Aspen Surgical for careful consideration at: [customerservice@aspensurgical.com](mailto:customerservice@aspensurgical.com).

## Questionnaire

The following is a list of mandatory requirements and expectations at Aspen Surgical to become a reseller. If your organization meets these, please accept and complete the application in full to be considered as a potential authorized reseller.

1. Resellers will use commercially reasonable best efforts to purchase during each calendar year products with aggregate price in the minimum amount of **\$30,000.00** (the Minimum Purchase Target). Reseller acknowledges that satisfaction of the Minimum Purchase Target is a material obligation necessary to justify Aspen Surgical's ongoing administrative support of the distribution relationship. Failure to satisfy the Minimum Purchase Target will be a basis for Aspen Surgical to cancel or terminate the reseller.

2. Resellers shall provide to Aspen Surgical monthly sales tracing reports identifying the end-users to whom Aspen Surgical products were sold. Reports will be submitted electronically by the 10th day of the month following the month that is covered by the report. Failure to satisfy the Sales Trace Requirements will be a basis for Aspen Surgical to cancel or terminate the reseller.

3. Aspen Surgical requires resellers to have and maintain their own sales force, as well as product inventory.

4. Reseller is authorized to promote, sell, and deliver Products only in the territory comprised of the United States, unless reseller is authorized in writing by Aspen Surgical to sell internationally.

\_\_\_\_\_(please initial here) I have read and understand the above policies of Aspen Surgical and would like to apply to become an Aspen Surgical reseller.

5. Business Type:

Distributor     Kit Packer     Other \_\_\_\_\_

6. Describe your business model:

7. Describe the geographical area that you regularly sell in:

8. What are your target markets in which you are (or anticipate) selling to?

9. List the Aspen Surgical products you are interested in reselling:

10. Are you currently selling any Aspen Surgical product categories today? If yes, who are you buying from?

11. List other medical device companies you currently buy direct from:

Aspen Surgical's decision on your request, of course, will not necessarily be limited to the information above and may will have to include other considerations, but this information will be helpful in arriving at our decision.



# Credit Application

The undersigned ("You") hereby applies for credit from Aspen Surgical Products, Inc. ("Aspen"). In applying, you agree that you will pay all amounts that become payable on or before the invoice due date. All decisions with respect to the extension or continuation of credit will be at Aspen's sole discretion. Aspen may charge a late fee on any amount which becomes past due. In addition, you are responsible for all of Aspen's collection costs and attorney's fees incurred in connection with any delinquent amount.

## Application for Credit

Exact Legal Name of Business:

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

Legal Status:

- Proprietorship  Limited Liability Company
- Partnership  Limited Liability Partnership  Corporation

Date Business Commenced: \_\_\_\_\_

D&B Number:

Bank Name:

Bank Phone Number: \_\_\_\_\_ Bank Fax Number: \_\_\_\_\_

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

Account Number:

- Savings  Checking  Other

Trade References:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Reseller Information

Company Legal Name (and DBA if applicable):

Billing Address (Street Address, City, State, Zip):

Shipping Address (Street Address, City, State, Zip):

Purchasing Contact Name:

Purchasing Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Purchasing Contact Email:

Accounts Payable Contact Name:

Accounts Payable Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Payable Email Address:

Email for invoicing (Aspen is going paperless, invoices will be sent via Email):

Resale# (Please include a copy of your resale certificate and Tax Exemption Certificate with your application.)

FEIN/Tax ID:

GLN (Global Location Number):

You agree that all purchases by you are subject to the terms herein, Aspen's reseller terms and conditions, and any additional written agreement executed by the parties. You, personally, and as agent for the entity, hereby authorize Aspen to contact and investigate the references listed, as well as other information obtained as a result of such contact and investigation, as to the applicant's and the responsible individual's credit and financial responsibility.

YOU CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT, IS TRUE AND CORRECT TO THE BEST OF YOUR INFORMATION, KNOWLEDGE AND BELIEF, UNTIL YOU GIVE WRITTEN NOTICE OF A CHANGE.

Name of entity ("undersigned")

Owner/Partner/President Signature

Date

Print Name of Above