

**SF-5
Credit Application**

Send completed application to:

**SAI Credit Department
3960 Rosslyn Drive
Cincinnati, OH 45209
Phone 800.888.0458 Fax 800.309.9055**

- OTC
- TRUFORM
- AIRWAY
- PCP-CHAMPION

REP. _____

Legal Name _____ Phone _____

Street Address _____ Fax _____

City/State/Zip _____

Name of parent company, if subsidiary _____

- Business is
- Proprietorship
 - Partnership
 - Corporation

Years in Business _____

Resale Exemption Number _____

(Ohio and California customers must attach copy of certificate, or sales must be taxed.)

BILL TO ADDRESS

SHIP TO ADDRESS

Corporate Officers, Partners, Sole Proprietor (list names and home addresses)

1. _____

Name	Address	Title
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2. _____

Name	Address	Title
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3. _____

Name	Address	Title
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If sole proprietorship, please give your Social Security Number _____

Accounts Payable Supervisor Name _____

Phone _____

Are you currently doing business with any other SAI sales division? Yes No

If yes, please indicate the following:

Division: TRUFORM OTC AIRWAY PCP Acct # _____

Have you ever filed bankruptcy? Yes No If yes, when? _____

Any liens on assets? Yes No If yes, what assets? _____

Financial Statement Attached Being Sent

Continued on page 2

Please call your references to verify they will give third parties credit information.
 When listing your credit references, please *do not* list the following companies:

Companies Which Do Not Give Credit References

Invacare Medi-USA McKesson Juzo Pride Healthcare Camp Healthcare Jodee
 Jobst Auburn Pharmaceuticals Suburban Ostomy Otto Bock Medline Sunrise Medical

Business References

1. Name _____ Acct. # _____
 Address _____ Phone _____
 City/State/Zip _____ Fax _____
 Contact _____

2. Name _____ Acct. # _____
 Address _____ Phone _____
 City/State/Zip _____ Fax _____
 Contact _____

3. Name _____ Acct. # _____
 Address _____ Phone _____
 City/State/Zip _____ Fax _____
 Contact _____

Banking Information

1. Bank Name _____ Acct. # _____
 Address _____ Phone _____
 City/State/Zip _____ Fax _____
 Officer's Name _____

By signing this form below, I consent to have banking information released to Surgical Appliance Industries, Inc.

_____ Date _____ Signature and Title

**** Do Not Write Below This Line - Continue to Page 3 of the Credit Application. Thank you! ****

Account Opened _____ NSF Checks? Yes No
 Average Balance _____ If yes, how many? _____
 () low
 () med 1 2 3 4 5 6 7
 () high *figure*

Additional Comments _____

_____ Date _____ Bank Representative Signature and Title

Please read the following thoroughly and completely, and sign where indicated.

I hereby certify that the information set forth above, together with all other information submitted in connection with this application is true and correct. I understand that Surgical Appliance Industries, Inc., will rely on this information in extending credit to me.

Date

Signature and Title

PERSONAL GUARANTY

I hereby agree to pay to Surgical Appliance Industries, Inc. all indebtedness now or hereafter owing said company, whether individually, partnership, or corporation.

In consideration of Surgical Appliance Industries, Inc. extension of credit to the above applicant the undersigned does hereby individually and personally guarantee to Surgical Appliance Industries, Inc. the sum of money as may at anytime now or hereafter become due to Surgical Appliance Industries, Inc. from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills, or open account. If it becomes necessary to enforce this guaranty by suit, I agree to pay interest and attorney fees as allowed by law.

Date

Signature and Title

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Thank you for choosing SAI for your medical products. We look forward to working with you and to a long lasting profitable relationship. We want to provide you with your first order as soon as possible. In order to do this, we can accept payment via Credit Card, COD, or Cash in Advance while we check your credit. Following are explanations of each option provided:

VISA or Mastercard

This will provide immediate delivery while we complete our credit research. By using your credit card, payment is not required immediately as with COD or Cash in Advance.

TRANSACT

Check by phone or fax. In order to provide Transact, we would need to get information from the bank where you have your checking account.

CASH IN ADVANCE

We can ship after we receive a Money Order or a Certified Check for the cost of the order. This could take at least a week before your account can be opened, depending on the mail.

COD

To provide your order COD, we would need to get information from the bank where you have your checking account. We can ship your order once the bank confirms you have enough funds to cover the cost of the order. Keep in mind that UPS charges \$5.00 per package when shipping COD.

CREDIT INQUIRY

If you want to wait until your credit check is complete, please keep in mind that depending on how quickly your creditors respond, it may take from 2-3 weeks before your order can be shipped.

When returning your application, please send it attention of, New Accounts / Credit Department. Please do not hesitate to call us at 800.888.0458, ext. 283, with any questions or concerns. Thank you for your business!