

CUSTOMER APPLICATION FOR CREDIT

Agiliti ACCOUNT NUMBER

(Type or Print Responsible Officer or Owner)

TRADE NAME AND ADDRESS (Ship To Name) FIRM LEGAL NAME (Bill To Address) (If account has separate billing address, please list) State _____ Zip(9 Digit Please) _____ County _____ State _____ Zip(9 Digit Please)_____ County Phone (____) _____ Phone (____) ____ Fax (_____ **GLN #** ____ GPO Name PLEASE CIRCLE ONE: Corporation Partnership Sole Proprietorship OFFICERS OR OWNERS TITLE PHONE NUMBER PERSON TO CONTACT REGARDING FINANCIAL MATTERS NAME PHONE NUMBER Type of Business _____ Date Business Started ______
Incorporated in State of ______ Tax Exempt: (Circle One) YES NO Tax Exempt number ____ (Must attach valid Exemption Form) California Board of Pharmacy License Type:_____ PO Required (Circle One) YES NO California Board of Pharmacy License Number: *Applicant must send copies of all CA BOP licenses via email to: legal@agilitihealth.com TRADE CREDIT Phone # City/State BANK REFERENCE Phone # Bank Name Account # Bank Officer Bank Address The Applicant warrants the information supplied above to be true. The Applicant authorizes Agiliti Health, Inc. to investigate the references herein, statements or other data obtained from Applicant or from any other pertaining to the Applicant's credit and financial responsibility. The Applicant agrees to abide by the Standard Terms of Sale published regularly by Agiliti, as shown on Agiliti's invoices, or by any other terms of sale upon which Agiliti and the Applicant should agree in writing. The Applicant agrees to pay interest on past due accounts the highest rate permitted by law, together with attorney 's fees and all other costs and expenses incurred by Agiliti in collecting such accounts. The Applicant agrees that the laws of Minnesota shall govern all transactions between Agiliti and the Applicant, that exclusive venue and jurisdiction of any dispute or suit arising between Agiliti and the Applicant shall lie within the courts of the State of Minnesota, and the Applicant hereby consents to the jurisdiction of the Minnesota courts in any such dispute or suit. *Applicant warrants that it is in compliance with all of the licensing requirements of the California Board of Pharmacy. Applicant will submit copies of all current licenses issued by the California Board of Pharmacy to the Agiliti legal department via email - legal@agilitihealth.com - concurrently with this credit application.

SIGNATURE: _____ TITLE: _____