



BioCare, Inc. New Account and Customer Credit Application

Please read all information carefully

1) "Bill To" Account Information

Legal Business Name _____
 DBA _____
 Primary Phone Number _____ Other _____
 Billing Address _____
 City _____ State _____ Zip _____
 Purchasing Contact _____ Phone # _____
 Purchasing Contact Email _____
 A/P Contact Name _____ Phone # _____
 A/P Contact Email _____
 Taxable? Yes No (if No, attach tax-exempt resale certificate title)
 Corporation Partnership Proprietorship LLC 501 C3 (non-profit)
 Federal ID # _____ DUNS # _____
 Authorized Officer Name, Title, and Phone # _____

6) Estimated Monthly Purchase

(Please check the appropriate box)

\$0-\$25,000
 \$25,001-\$50,000
 \$50,001-\$100,000
 \$100,001-\$250,000
 \$250,001-\$500,000
 \$500,001+

Is your organization a member of a Group Purchasing organization (GPO)?
 Yes No
 If Yes, Primary affiliation _____

2) "Ship To" Address

Delivery Address _____
 City _____ State _____ Zip _____
 Phone Number _____ Other _____
 Contact Name _____
 Email Address _____

7) Type of facility the product will be shipped to

(Please check the most appropriate box)

Hospital
 Hospital Outpatient Clinic
 Blood bank
 Oncology/Hematology
 Home Infusion
 Long-term care
 Government/City/State
 Specialty Pharmacy
 Infusion Suite
 Physician-specialty _____
 Clinic-specialty _____
 Other-please specify _____

3) Bank References

Bank Name _____ Account # _____
 City _____ State _____ Zip _____
 Phone Number _____ Other _____
 Contact Name _____
 Email Address _____
 Have you filed for bankruptcy or are there any suits, liens, or judgments filed against the organization? Yes No
 Person Authorized to Release Bank Information _____

If you require multiple ship-to addresses, please attach a separate sheet with shipping address and acceptable licensing for each facility.

4) Pharmaceutical Credit References

Name _____ Account # _____
 How long? _____ Contact Name _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Name _____ Account # _____
 How long? _____ Contact Name _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

8) Licensing

License Type _____
 License _____
 Exp. Date _____

5) Financial Statements Required

Check box if included.
 Please provide 2 years of audited Financial Statements, including Balance Sheet, & Income Statement. If audited Financial Statements are not available, please provide internal Financial Statements.

9) DEA and HIN

DEA (Drug Enforcement Agency) license _____
 HIN (Health Industry Number) _____

Please sign and scan to BioCareAccSetup@biocaresd.com
 OR fax application and licenses to: 602-850-6215 – New Accounts Setup

For Official BioCare, Inc. USE ONLY	
Date Received _____	Submitted by: _____
Initial Sale (Estimated) _____	Annual Sales (Estimated) _____
Finance Department Approver _____	Credit Limit \$ _____

Please read all information carefully**Terms and Conditions**

This is an application to establish a credit line with BioCare, Inc.

Payment: A per month charge of 1.5%, or the maximum rate allowed by law, whichever is the lesser rate, will be added to any balance not paid by the Due Date. We may also terminate your Credit Line immediately if not paid by the Due Date if BioCare, Inc. has not approved, in writing, alternative payment arrangements. Upon termination, we are not obligated to provide any services or products to you. Prices are subject to change without notice. Customer agrees to pay all costs and fees, including attorney's fees, if the account is placed in collection. Your Credit Line and the terms hereunder are governed by the laws of the State of Arizona.

Credit Reports: You agree we may obtain credit reports and other information about you from credit agencies and other sources at all times you have a Credit Line with us or an amount due to us under your Credit Line.

Grant of Security Interest: As security for the payment and performance of the obligations under your Credit Line, you hereby grant to BioCare, Inc. a security interest in all of your right, title and interest in, to and under the following personal property and assets of yours, wherever located and whether now existing or owned or hereafter acquired or arising (collectively, the "Collateral"): (i) all Accounts; (ii) all Chattel Paper; (iii) all Deposit Accounts; (iv) all Documents; (v) all Equipment; (vi) all General Intangibles; (vii) all Instruments; (viii) all Inventory; (ix) all Investment Property; (x) all Letter-of-Credit Rights; (xi) all other Goods; (xii) and other personal property and assets of yours not otherwise described in clauses (i) through (xii) above, and (xiii) all money, all products and Proceeds of any and all of the foregoing, and all Supporting Obligations of any and all of the foregoing. The terms "Accounts," "Chattel Paper," "Deposit Accounts," "Documents," "Equipment," "General Intangibles," "Goods," "Instruments," "Inventory," "Investment Property," "Letter-of-Credit Rights," "Proceeds," and "Supporting Obligations" have the meanings assigned to such terms in the Uniform Commercial Code as adopted by the State of Arizona.

Authorization to file Financial Statements: You hereby authorize BioCare, Inc. to file at any time and from time to time any financing statements, amendments to financing statements and continuation financing statements BioCare, Inc. may require to perfect and continue the perfection of, and to maintain the priority of, BioCare, Inc.'s security interest in the Collateral. Without limiting the generality of the foregoing, you ratify and authorize the filing by BioCare, Inc. of any financing statements with respect to the Collateral filed prior to the date hereof.

Amendment: We may amend the terms of your Credit Line by sending you written notice. Your acceptance of the change of terms will be agreed upon when you place an order on or after the date of notification. Any amendment may include a change in the time period to pay, any deposit we require (or of any additional amount required), amount of credit available under your Credit Line, or additional terms we may add.

Credits and Returns: Credit for merchandise returned will only be issued for items that BioCare authorized for return, in compliance with BioCare's return policy. The customer's account will show all credits and can be used for future purchases. The customer has 48 hours from receipt of the product to report any order discrepancies. BioCare has no obligation to issue credit for order discrepancies not reported within the 48 hours.

Own Use: The Products are purchased for the sole use of the Purchaser as an end-user and will be used solely for patient medical care in accordance with a physician's order. The Products will not be sold, assigned, distributed, or otherwise transferred to any person or entity outside of Purchaser's organization.

Warranty. There are no expressed or implied warranties under this agreement, including any warranty of merchantability, non-infringement, or fitness for a particular purpose, our sole obligation and your exclusive remedy for breach of any warranty will be, at our option, to repair or replace the product.

Limitation of Liability: In no event shall BioCare be liable whether in contract or tort or otherwise, for any indirect, incidental, consequential, or special damages or losses of any nature or for lost revenue, lost profits, or lost business arising out of your purchases from BioCare or the use of products or BioCare's failure to deliver ordered products. In no event shall BioCare's liability for any order under this agreement exceed the fees actually paid by you for such order.

Confidentiality: You agree that all information provided under this Agreement and your purchase terms including price and this Agreement are confidential and may not be disclosed to third parties.

Notices: You must notify us in writing at the address listed below when you change any information requested on this Credit Application.

BioCare, Inc.
2826 S. Potter Drive
Tempe, AZ 85282
Attn: President

Please sign and SCAN to: BioCareAccSetup@biocaresd.com
or FAX to BioCare, Inc.: 602-850-6215 - Attention: New Accounts Setup

I hereby represent and warrant that BioCare has authority to bind customer to the terms and conditions set forth above. Furthermore, the customer agrees to comply with the above terms and conditions and authorizes the release of credit information to BioCare.

The information provided in this document is true and correct. I have completed and have the authority to sign this document on behalf of the Applicant and agree to be bound by the BioCare, Inc. Terms and Conditions. I hereby authorized Bank and Trade References to provide credit and financial information as reasonably necessary to establish a line of credit with BioCare, Inc.

Print Name and Date

Title

Signature of Principal/Authorized Officer

BioCare, Inc.
2826 S. Potter Drive
Tempe, AZ 85282
800-304-3064/602-850-6221
www.biocare-us.com
BioCare SD[®]