

## New Customer Profile Information

Please complete all requested information and fax to (866)826-8596 or email: [billing@ventilatorsplus.com](mailto:billing@ventilatorsplus.com)

260 West Arrow Hwy, Suite G  
San Dimas, California 91773 USA  
(888) 889-2992 or (909) 599-4748

Sales Rep: \_\_\_\_\_

### Billing/Accounts Payable Information

Legal Company Name & DBA: \_\_\_\_\_

Billing/AP Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ AP Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Accounts Payable E-mail: \_\_\_\_\_ AP Fax: \_\_\_\_\_

### Primary Contact & Shipping Information

Primary Facility Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

UPS  # \_\_\_\_\_ FedEx  # \_\_\_\_\_ Shipping Insurance Yes  NO   
*you can accept or deny shipping insurance at your discretion*

### Ownership Information

Corporation  Partnership  Sole Proprietorship Duns#: \_\_\_\_\_

Incorporated in the state of: \_\_\_\_\_ Date: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Name of Officer/Owner: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Status:  Taxable  Non-Taxable (for tax exempt or resale status, a valid certificate is required)

Company Type:  Hospital  DME  Government  Dealer  Ambulance  Biomed Co  Other \_\_\_\_\_

All new accounts will require a minimum of 2 qualifying purchases in order to establish Net-30 credit terms with us.

### Trade References (required for credit line) \*

1) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

### Banking Information (required for credit line) \*

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

At the Customer's request AND after 2 qualifying COD purchases, the customer hereby authorizes Ventilators Plus to contact the above bank and trade references in order to evaluate and establish a credit line. Customer's purchase history and total purchase amounts will also be taken into factor when evaluating account for credit terms. Upon approval, Customer agrees to abide by the Terms of Sale shown on customer invoices. Customer shall be liable and agrees to pay for any and all purchases within 30 (thirty) days of invoice date if a credit line is established. All accounts with balances outstanding for 30 (thirty) days or more after the invoice date, will be required to pay 1.5% service charge per month. The Customer agrees that the laws of California shall govern all transactions between Ventilators Plus and the Customer, that exclusive venue and jurisdiction of any dispute or suit arising between Ventilators Plus and the Customer shall lie within the courts of the State of California, and the Customer hereby consents to the jurisdiction of the California courts in any such dispute or suit.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Date: \_\_\_\_\_

Carlos Mendoza

#### How did you hear about us?

- Referral  \_\_\_\_\_  
 Sales Call   
 Trade Show   
 Social Media   
 Search Engine   
 Other  \_\_\_\_\_