

CREDIT APPLICATION

(Failure to fill in all blanks may delay processing. Application must be signed by owner or duly authorized representative.)

EMAIL COMPLETED APPLICATION TO: info@airavant.com

PLEASE COMPLETE THE FOLLOWING INFORMATION:

| | | | |
|---------------------------|---------|--------------------------|----------|
| Firm Name: | Phone # | | |
| Parent Corporation: | Fax # | | |
| Purchasing Contact: | Email: | | |
| Billing Address: | | | |
| City: | State: | Zip: | Country: |
| Accounts Payable Contact: | | Accounts Payable Phone # | |
| Accounts Payable Email: | | | |
| Date Business Started: | | | |

U.S. TRADE REFERENCES

*Companies with whom credit has been established

| | | | |
|-------------|-------------------|----------------|------------|
| 1. Name: | Type of Business: | | |
| Address: | City: | State: | Zip: |
| Telephone # | FAX # | Payment Terms: | Customer # |
| 2. Name: | Type of Business: | | |
| Address: | City: | State: | Zip: |
| Telephone # | FAX # | Payment Terms: | Customer # |
| 3. Name: | Type of Business: | | |
| Address: | City: | State: | Zip: |
| Telephone # | FAX # | Payment Terms: | Customer # |

Expected monthly purchase amounts approximately: \$

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due to AirAvant Medical for delivery of AirAvant Medical products. If AirAvant Medical must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest of 1.5% per month charged on balances. Signature also authorizes the release of credit information concerning your company that AirAvant Medical may reasonably require.

| | | |
|----------------------------------|-------|------|
| X Authorized Signature | Title | Date |
|----------------------------------|-------|------|

13009 Rev A



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