



New Account Application Form

General Information

Please save a copy of this form on your computer BEFORE you fill out the form. For faster processing of this request, submit this form electronically to our Customer Service Department by clicking the SUBMIT FORM ELECTRONICALLY when complete. All fields in RED BOXES are mandatory. You will not be able to submit this application unless those fields are filled out.

If you are claiming to be TAX-EXEMPT, you MUST provide a TAX-EXEMPT CERTIFICATE.

Customer Service: 800-825-4325 | Fax: 800-504-6614 | E-mail: cs@dermasciences.com

Today's Date: _____ Business Name: _____

Phone: _____ Email: _____

Fax: _____ Website: _____

Completed By Name: _____

Name Of Sales Person or Broker: _____

What Derma Sciences Products Are You Interested In Purchasing? _____

Yearly Sales Forecast? _____

Business Type:	Hospital	Wound Care Ctr	Dr's Office	Other
Management Company:	Healogics	Accelecare	Paradigm	Other
Member Of A GPO: (Please Check All That Apply)	Med-Assets	Yankee Alliance	Novation	Amerinet
	HPG	First Choice	Premier	Other

GPO ID# _____ Requesting credit terms: Yes No (standard credit terms are net/30)

Pricing Administrator: _____

Phone: _____ Fax: _____ Email: _____

Prepay by Credit Card: Yes No

Billing Information

Business Name: _____

Billing Address 1: _____

Billing Address 2: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Accounts Payable Manager: _____

A/P Phone: _____ A/P Fax: _____ A/P Email: _____

Email Invoices: _____ Yes No Email: _____

Tax Exempt: _____ Yes **Please provide a tax-exempt certificate**

No **Tax ID #:** _____

Shipping Info: (If Same As Billing, Please Note)

If There Are Multiple Facilities That Bill Under This Same Billing Address, Please Advise Customer Service)
If So, Please Provide A List Of All Shipping Locations.

Ship To Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Special Shipping Instructions: _____

Freight Charges (Check One): Added To Your Invoice Billed 3rd Party

3rd Party Acct #: _____ Fed Ex: _____ UPS: _____

Email Order Confirmation: _____ Yes No Email: _____



New Account Application Form

Credit Application

Owner's Full Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Duns#: _____ Years In Business: _____ Sole Proprietor? Yes No

Company / Corporate Officers

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

List All Persons Having Check Writing Privileges: _____

Trade And Supplier References

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____



New Account Application Form

Bank Information

Principal Bank: _____ Account Number#: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Phone: _____ Bank Fax: _____

Depository Average Balance: _____ Commercial Loan Average Balance: _____

Line Of Credit: _____

Evaluation Of Performance As It Relates To Terms: _____

Authorization Of Release Of Financial Information:

Dear Sir / Madam: _____

As an authorized Representative of (Company Name) _____

I, _____ have your firm as a banking / credit reference for our company. I hereby grant permission to release the above referenced information pertaining to our account, to Derma Sciences for the purpose of extending credit.

Signature: _____

Date: _____

Derma Sciences, Inc. Customer Account Agreement

In consideration of the extension of credit by Derma Sciences, Inc., to the Customer, the Customer agrees to the following:

- 1. PAYMENT:** The Customer promises to pay in full within thirty-one (31) days.
- 2. FINANCE CHARGE:** The Customer further agrees that should it default in the payment of its account within thirty-one (31) days, it will pay to Derma Sciences, Inc., on demand, a finance charge on the unpaid balance computed at the rate of 1.5% per month, from the date of the invoice.
- 3. REPRESENTATION AND WARRANTIES:** The Customer represents and warrants that all information set forth in the signed Credit Application is true and complete and that the individual signing this Agreement has the authority to enter this Agreement on behalf of the applicant.
- 4. GOVERNING LAW:** This agreement and all questions relating to the Customer's account shall be governed by the laws of the State of New Jersey. Should any dispute arise between the Customer and Derma Sciences, Inc., the Customer hereby irrevocably consents to the jurisdiction over its person by any court of Mercer County, New Jersey. The Customer further agrees, that should Derma Sciences, Inc., commence suit to collect the balance due it from the Customer, to pay Derma Sciences, Inc., reasonable attorney fees and expenses incurred in addition to all other amounts owed.
- 5. TERMINATION:** The Customer acknowledges the right of Derma Sciences, Inc., to refuse to extend additional credit to the Customer, at any time in the future without prior notice.
- 6. COLLECTION:** The customer agrees that in the event of any balance due in the open account thirty-one (31) days after the due date, Derma Sciences, Inc., may, at its option, proceed against the customer for any deficiency on the account, and agrees to pay all costs incurred in collection of past due amounts, including attorney's fees, collection fees and court costs.

I, (type your name) _____, have read and agreed to the above terms and conditions and are hereby authorized to sign on behalf of the facility listed above.

Customer/Facility Name: _____

City: _____ State: _____ Zip Code: _____

Please acknowledge your facility's approval of these terms by checking this box

Signature: _____ Title: _____ Date: _____

For questions or assistance with these forms or any other needs, please contact our Customer Service Department at 1-800-825-4325, option 2 or email us at cs@dermasciences.com.