



261 Wolfner Drive • St. Louis, MO 63026
 Corporate: 636-600-4030 • F 636-600-4035
 Toll Free: 866-333-4030 • F 866-333-4035
 www.respondo2.com

The High Pressure Oxygen Experts

Company Name _____ Legal Business Name _____ Date _____
 Phone _____ Fax _____ Date Present Business Began: _____
 Billing Address _____ City _____ State _____ Zip _____
 Billing Contact _____ Title _____

If above address is branch, please provide Headquarters information:

Name (if different than above) _____
 Phone _____ Fax _____ A/P Supervisor _____ Phone _____
 Owner's/Partner's/Member's Name _____
 Business Address _____ City _____ State _____ Zip _____
 State of Incorporation _____ Federal Tax I.D. Number _____ Line of Credit Requested _____

Select Type of Business: Home Care Pharmacy Home Health Hospital Other
 Select Type of Ownership: Corporation Partnership Sole Proprietor Other

References:

Name _____ Phone _____ Fax _____ Acct# _____
 Address _____ City _____ State _____ Zip _____
 Name _____ Phone _____ Fax _____ Acct# _____
 Address _____ City _____ State _____ Zip _____
 Name _____ Phone _____ Fax _____ Acct# _____
 Address _____ City _____ State _____ Zip _____

Bank Reference:

Bank Name _____ Bank Contact _____ Account Number _____
 Phone _____ Fax _____ Address _____
 City _____ State _____ Zip _____

Responsive Respiratory notifies its customers via Email when shipments are made. We also utilize your fax number to notify you on our specials and promotional programs. If you do not wish to receive this information please check the appropriate box.

Yes, please notify No, do not notify Email: (purch dept.) _____

I certify the information in this application is correct. I grant authority to Responsive Respiratory or their representative to obtain credit information from any source listed, including my bank. All information will be held in strict confidence. If credit is granted (I/we) promise to pay bills according to terms. Responsive Respiratory reserves the right to assess a late charge of 1 ½% per month on balance past due. In the event payment is not made and (my/our) account is referred to a collection agency, (I/we) will pay all costs of collection. If legal action is required (I/we) will pay reasonable attorney's fees resulting from such action. The person executing this agreement has the authority to bind the customer.

Signature: _____ Date: _____
 Name: _____ Title: _____

Personal Guarantee:

The undersigned, in consideration of Responsive Respiratory's (hereafter referred to as RRI) agreement to sell its medical products to Applicant, personally guarantees the full and prompt performance and compliance by Applicant of all terms and conditions of this Credit Agreement and all terms and conditions of sale set forth in RRI's catalog, and further personally guarantees the full payment of all outstanding indebtedness of the Applicant to RRI, upon request by RRI.

Signature _____ Type or Print Name _____ Date _____

TERMS AND CONDITIONS INCLUDED



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TERMS AND CONDITIONS

Payment Terms:

Terms are "Net 30 days" from date of invoice. An interest rate of 1 ½% per month will be applied to all overdue invoices. All prices are exclusive of taxes and governmental charges on the sale and use of the products.

Returned Goods Procedure:

Refer to the warranty policy for warranty terms by product class. Returns are sole responsibility of the health care dealer. RRI does not accept product returns originating from end-users. If you find it necessary to return an item, please contact our Customer Service Department and request a Returned Goods Authorization (RGA) number. The item must be in its original packaging with the purchase order number, packing slip and invoice number included. Used items and products packaged for oxygen use (i.e. conservers & regulators) that have been removed from the original packaging (polybag) are not eligible for return. The RGA number must be clearly marked on the outside of the shipping box. No packages will be accepted without an RGA number. Return shipping costs are the responsibility of the purchaser – all goods must be sent freight prepaid.

Where there has been no error on Responsive Respiratory's part, product may be returned for credit if the return is received by RRI within 30 days of invoice. No product returns will be accepted after 90 days. Special order and customized items are not eligible for return. If the product is not in its original packaging or has been damaged, no credit will be issued. A restocking fee applies to all returns.

Limited Warranty Claim Procedure:

To make a claim on defects in materials and workmanship, Purchaser must notify Responsive Respiratory within 10 days of receipt of the product. A Return Goods Authorization (RGA) number will be provided and must be attached to the product with the original purchase order number and invoice number.

Limitation of Liability:

Seller shall not, under any circumstances, be liable for special, incidental, indirect or consequential damages regardless of the form of action, whether in contract or in tort including negligence. In no event will this warranty obligate Seller for any amount exceeding the price of the goods upon which the liability is based. Correction of non-conformities, in the manner and time provided herein, constitutes fulfillment of all Seller's obligations to Purchase with respect to Purchaser's purchase of Seller's product.