

Credit Application

Company Name: _____

Name of Parent Company: _____

Please check one: Corporation Partnership Sole Proprietorship Other

<p>Location</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Postcode: _____</p>	<p>Billing Address</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Postcode: _____</p>
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<p>Mailing Address</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Postcode: _____</p>	<p>Shipping Address</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Country: _____ Postcode: _____</p>
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Telephone: + _____ Facsimile: + _____

Email Address: _____ Website: _____

Accounts Payable Telephone: + _____

Accounts Payable Contact Name: _____

Purchasing Department Telephone: + _____

Purchasing Department Contact Name: _____

1. Description of Business _____

2. Year Established _____ **3. Years at Present Location** _____

4. Sales Tax Number (submit copy of Sales Tax Certificate) _____

5. Federal ID# / SSN / Taxpayer ID# _____

6. Dun & Bradstreet # (if applicable) _____

7. Estimated Annual Purchases from ICU Medical (US\$) _____

8. Maximum Credit Requested (US\$) _____

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9. Financial Data as of (date): _____

PLEASE ATTACH A COPY OF THE MOST RECENT YEAR-END FINANCIAL STATEMENTS (audited with footnotes if available) and the MOST RECENT INTERIM FINANCIAL STATEMENT. Copy of federal income tax return may be submitted if financial statements are not available.

Cash	US\$ _____	Current Liabilities	US\$ _____
Accounts Receivable	US\$ _____	Long Term Debt	US\$ _____
Total Current Assets	US\$ _____	Net Worth	US\$ _____
Fixed Assets	US\$ _____	Sales	US\$ _____
Total Assets	US\$ _____	Income Before Taxes	US\$ _____

10. Total Number of Employees: _____ **Number of Sales People:** _____

11. Owner's/Officer's Information

President _____

Vice President _____

Secretary/Treasurer _____

Partnership - list Partners: _____

Sole Proprietorship - Name of Owner: _____

Trade References

Supplier Name: _____	Telephone: + _____
Address: _____	Contact Name: _____
City: _____ State: _____	Facsimile: + _____
Country: _____	Postcode: _____

Supplier Name: _____	Telephone: + _____
Address: _____	Contact Name: _____
City: _____ State: _____	Facsimile: + _____
Country: _____	Postcode: _____

Supplier Name: _____	Telephone: + _____
Address: _____	Contact Name: _____
City: _____ State: _____	Facsimile: + _____
Country: _____	Postcode: _____

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Bank References

Name of Bank: _____ Telephone: + _____

Address: _____ City: _____

State: _____ Country: _____

Bank Officer Handling Account: _____

Checking Account Number: _____ Loan Account Number: _____

From whom do you pledge or borrow on your accounts receivable?

From whom do you pledge or borrow on your inventory?

Please read and sign the following:

I do hereby authorize ICU Medical, Inc. to enquire of my bank for any information it deems necessary.

Interest of 1.9% per month will be paid on all past due sums.

This application is needed to request distribution rights for ICU Medical, Inc. products and to obtain credit from ICU Medical, Inc. whether purchases are to be made now or hereafter. In the event any party or all of any sum owing from the undersigned to ICU Medical, Inc. becomes past due, or in the event any term of credit or purchase has not been met as agreed, any part of all sums owing to ICU Medical, Inc., whether due or not, shall thereupon become due and payable in full at the option of ICU Medical, Inc. The undersigned agrees to pay all reasonable costs, court costs and attorney's fees, whether suit is filed or not, incurred in the enforcement of any obligation of the undersigned, or incurred in the collection of any sum due in reliance hereon.

This application hereby authorizes ICU Medical, Inc. to investigate all credit references stated above.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____