

PLEASE PRINT AND COMPLETE ALL YELLOW SECTIONS ON THIS FORM IN DETAIL. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

Company Information

Company Name

Main Telephone No.

Tax ID# / FEIN

Main Fax No.

Website URL

Email Address

Billing Address

Legal Status

Corporation

Expected Annual Purchase Volume from Diamond

Partnership

Revenue for your Company last year

Proprietorship

Total Beds (Hospital Only)

Federal Government

Date Established

State Government, Please list State here

D&B Reference #

Non-Profit

Contact Information

President or CEO

Name

Office Ph#

Email

Mobile Ph#

Purchasing Contact

Name

Office Ph#

Email

Mobile Ph#

Accounts Payable Contact

Name

Office Ph#

Email

Mobile Ph#

BioEngineering/
Technical Contact

Name

Office Ph#

Email

Mobile Ph#

Ownership Information (Please omit this section if this is a government facility)

Owner

Name

Office Ph#

Title

Mobile Ph#

% Ownership

Email

Social Sec#

Owner

Name

Office Ph#

Title

Mobile Ph#

% Ownership

Email

Social Sec#

Owner

Name

Office Ph#

Title

Mobile Ph#

% Ownership

Email

Social Sec#

If your corporation is owned by another corporation, please complete this:

Parent Corporation Name:

Phone#

Federal ID# (US Only)

Website

Financial References (Please use US Banks or Banks with Corresponding US Branches)

Bank Name

Phone#

Diamond Diagnostics Inc.ECO# 7076 Effective Date: 06/02/14**Credit Application**

SOP01-0008F Revision 03

Bank Account No.		Fax#	
Bank Contact Name		Email	
Bank Name		Phone#	
Bank Account No.		Fax#	
Bank Contact Name		Email	
Credit Card Bank		Expiration	
Credit Card Number		Card Type	VISA MASTERCARD AMEX DISCOVER

Business References (Please list Companies which can provide references for your business in US, Europe or Japan)

Company Name		Phone#	
Account No.		Fax#	
Contact Name		Email	
Company Name		Phone#	
Account No.		Fax#	
Contact Name		Email	
Company Name		Phone#	
Account No.		Fax#	
Contact Name		Email	
Company Name		Phone#	
Account No.		Fax#	
Contact Name		Email	

Terms and Conditions

As an inducement for Diamond Diagnostics to accept orders from or otherwise extend or make available credit to the Applicant, the undersigned Applicant hereby agrees to comply with the terms and conditions established within the Diamond Sales order and within this document, should Diamond elect to extend such credit.

All payments shall be made in full, in the invoiced currency, in accordance with the payment terms assigned to your account. Diamond may assess a service charge calculated at the rate of 12% annually on any amount not paid by the Applicant to Diamond when due under the terms of this agreement. If Diamond does not receive payment in accordance with the payment terms, Diamond may refuse to deliver product, refuse additional orders, modify payment terms, limit or terminate the extension of credit and will be entitled to any other remedies available at law or in equity. In the event of default in payment on any invoices, Diamond shall have the right to declare all invoices due and payable. Until the Product is paid in full, Diamond retains, and Applicant hereby grants Diamond Diagnostics a security interest in the Product.

Applicant shall pay all expenses, including attorney fees and disbursements incurred by Diamond to collect any amounts due under this agreement or to otherwise enforce any of the terms of this Agreement. Invoice Due Date is calculated from Date of Invoice. No delivery delay caused by the customer, customs, freight forwarder, no warranty claim or other dispute that may arise impacts the due date in any way. Payment will not be withheld under any circumstance.

All information provided in this application or otherwise submitted is true and correct and is being (or will be) furnished for the purpose of obtaining/retaining credit from Diamond Diagnostics. Applicant authorizes Diamond to verify this information and/or additional information by obtaining data from a credit reporting agency.

Applicant agrees to all the terms and conditions of this Agreement and the Terms and Conditions of Sale. As the undersigned applicant, I represent and warrant to Diamond that I am a duly appointed officer with the authority to execute such agreement and the authority to bind the company to this agreement.

Signature	Title	Date
------------------	--------------	-------------

-----DO NOT WRITE BELOW THIS LINE - INTERNAL USE ONLY -----

Payment Terms: _____ Limit: _____ By: _____ Date: _____

I/We Hereby authorize Diamond Diagnostics to investigate my/our financial performance and credit worthiness. I/We authorize Diamond Diagnostics to obtain my/our credit report(s) during their investigation of credit worthiness. This signature shall serve as authorization for the herein listed bank and vendor references to release any information requested by telephone or in written form as part of Diamond Diagnostics Inc, or their assignee's normal credit procedures.

- Payment shall be effected to reach the Company within the specified terms
- The appropriate currency shall be US Dollars for full value of the invoice to clear account
- Should the delivery be delayed due to reasons caused by the customer or customer's freight forwarder, the date the goods are ready for dispatch is to be regarded as the day of delivery
- Any warranty issue or other dispute that may arise will not affect the scheduled payment. It is addressed under separate cover
- Payment will not be withheld under any circumstance
- Open Balances not paid when due shall bear interest at 12% per annum until paid in full

I/We agree to issue payment in accordance with the terms set forth above by Diamond Diagnostics.