

CALIFORNIA TRANSPLANT SERVICES, INC.

SURGERY CENTER CREDIT APPLICATION

DBA or Business Trade Name: _____

Type of Business: _____ In Business Since (year): _____ Federal E.I.N. _____

Form of Business: [] Corporation [] LLC [] Partnership [] Sole Proprietor [] Gov. Agency [] Other

Office Contact Name: _____ Office E-mail: _____

Office Phone: _____ Office FAX: _____

Shipping Contact: _____ Shipping Contact e-mail: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Billing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

A/P Contact Name: _____ A/P e-mail: _____

Accounts Payable Phone: _____ Accounts Payable FAX: _____

Is a Purchase Order required? _____

Name of individual with P.O. authorization: _____

If PO is to be a blanket P.O., please provide:

P.O. Number: _____ Expiration Date: _____

To what department and to who's attention should invoices be sent? _____

Bank Reference (please list bank name, contact person, address and phone number of local bank):

Name of Bank or Financial Institution: _____

Account number: _____

Contact name: _____

Local Bank Phone number: _____

Trade References: Please list name, address, phone number, and account number of three references we can contact (do not list credit card, phone, or utility companies).

- 1) _____
- 2) _____
- 3) _____

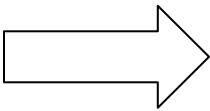
Customer authorizes CTS contact the references listed above, and to verify Customer's financial and banking information. Customer authorized CTS to obtain Customers credit bureau report to determine Customer's credit worthiness. CTS' terms are net 30 days from date of invoicing unless other terms are arranged in advance and as reflected on invoices. Accounts not paid within terms will accrue an additional interest charge at the rate of 1.5% per month on the unpaid balance until payment is received. Past due accounts may have future orders shipped on a C.O.D. basis until the account becomes current. Should collection and/or legal action be required to collect past amounts all costs, fees, and attorney's fees incurred to collect the sums due will be added to your account balance and become immediately payable. In the event legal action is required to collect sums due Customer agrees to pay all reasonable attorney fees, costs, and expenses incurred by CTS in enforcing its rights to collect amounts due from Customer. Credit cards may be accepted for payment of invoices with a 3% additional merchant fee added to the invoice amount. The foregoing is accepted by me as agent for the above named business.

Print Name: _____ Title: _____

Signed by: _____ Date: _____

(CTS use only)

Approval



Approved Credit Payment Terms: _____; Credit limit: \$ _____

C.O.D. = YES or NO