



**GF HEALTH PRODUCTS, INC.**

2935 Northeast Parkway • Atlanta • Georgia 30360

Phone: 800.347.5678 • 770.447.1609 • Fax: 800.479-0822 • 678.291-3174

[www.grahamfield.com](http://www.grahamfield.com)

|               |                                  |                |   |
|---------------|----------------------------------|----------------|---|
| <b>To:</b>    |                                  | <b>Date:</b>   |   |
| <b>From:</b>  |                                  | <b>To Fax:</b> |   |
| <b>Phone:</b> | 800-347-5678                     | <b>Pages:</b>  | 3 |
| <b>Fax:</b>   | 678-291-3174                     | <b>Copy:</b>   |   |
| <b>Re:</b>    | Credit Application / New Account |                |   |

**Comments:**

**VERY IMPORTANT: MUST COMPLETE ALL AREAS TO AVOID DELAY OF NEW ACCOUNT PROCESS!**

Attached is our credit application as requested. Please *complete all areas* and return it back via fax to 678-291-3174. We must receive a copy of your company's Resale Certificate in order to establish tax exempt status with GF Health Products, Inc.

Please make a copy of the credit application for your records, and return the original credit application and resale certificate back via mail to the address stated above.

We require an opening order of \$300.00 before setting up the account. Catalogs and pricing can be sent to you by your sales representative once the account is set up.

Thank you for your interest in GF Health Products Inc.

**New Accounts Department**

P: 800-347-5678

F: 678-291-3174

GF Health Products, Inc.



GF Health Products, Inc.

Sales Rep Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Customer's Legal Name: \_\_\_\_\_ DBA (If different) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Shipping (If Different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ A/P Contact Person : \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a price group member  YES  NO If Yes, what group? (name one only) \_\_\_\_\_

Projected Purchases: Monthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

\*For Credit Lines over \$25,000.00, a copy of financial statements should be attached to application.

Business Is A:  Corporation  Proprietorship  Partnership

Dealer Type:  Medical-Surgical Dealer  Home Health Care Dealer  Rehab  Long-Term Care  Other \_\_\_\_\_

Month/ Year Established \_\_\_\_\_ D & B No. \_\_\_\_\_ Federal Id No. \_\_\_\_\_ Accreditation No. \_\_\_\_\_

Principal Owners Name, addresses and Social Security No. of two corporate officers:

1. \_\_\_\_\_
2. \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCES:**

Name of Bank: \_\_\_\_\_ Account#: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This Authorizes the above references to release information regarding my accounts and loan experience with you to GF Health Products, Inc ("GF") or its Agents.

The undersigned hereby consent(s) to GF's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor and/or guarantor(s) in connection with the extension of business credit as contemplated by this application. The undersigned hereby authorize(s) GF to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq..The undersigned hereby guarantees the prompt and full payment of all indebtedness including all costs and attorney's fees necessary for collection and enforcement of this guaranty. The obligations of the undersigned shall be primary and not secondary and GF shall not be required to exhaust its remedies against Customer prior to enforcing its rights under this guaranty. The undersigned waives all rights of subrogation and set-off until all sums under this guaranty are fully paid. The undersigned hereby consents to the jurisdiction of the State of Georgia, County of DeKalb, for resolution of all disputes and to the application of Georgia Law.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

2935 Northeast Parkway, Atlanta, GA 30360 Phone: 800-347-5678 Fax: 678-291-3174 website: www.grahamfield.com

**UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION**

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that:

Name of Firm (Buyer): GF Health Products, Inc.  
 Address: 2935 Northeast Pkwy, Atlanta, GA 30360

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- is engaged as a registered
- Wholesaler
  - Retailer
  - Manufacturer
  - Seller (California)
  - Lessor (see notes on pages 2-4)
  - Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

Other States: \_\_\_\_\_

| State             | State Registration, Seller's Permit, or ID Number of Purchaser | State              | State Registration, Seller's Permit, or ID Number of Purchaser |
|-------------------|--|--------------------|--|
| AL <sup>2</sup>   | _____  | MO <sup>13</sup>   | _____  |
| AR                | _____  | NE <sup>14</sup>   | _____  |
| AZ <sup>22</sup>  | _____  | NV                 | _____  |
| CA <sup>3</sup>   | _____  | NJ                 | _____  |
| CO <sup>1</sup>   | _____  | NM <sup>1,15</sup> | _____  |
| CT <sup>4</sup>   | _____  | NC <sup>25</sup>   | _____  |
| DC <sup>5</sup>   | _____  | ND                 | _____  |
| FL <sup>23</sup>  | _____  | OH <sup>26</sup>   | _____  |
| GA <sup>6</sup>   | _____  | OK <sup>16</sup>   | _____  |
| HI <sup>1,7</sup> | _____  | PA <sup>27</sup>   | _____  |
| ID                | _____  | RI <sup>17</sup>   | _____  |
| IL <sup>1,8</sup> | _____  | SC                 | _____  |
| IA                | _____  | SD <sup>18</sup>   | _____  |
| KS                | _____  | TN                 | _____  |
| KY <sup>24</sup>  | _____  | TX <sup>19</sup>   | _____  |
| ME <sup>9</sup>   | _____  | UT                 | _____  |
| MD <sup>10</sup>  | _____  | VT                 | _____  |
| MI <sup>11</sup>  | _____  | WA <sup>20</sup>   | _____  |
| MN <sup>12</sup>  | _____  | WI <sup>21</sup>   | _____  |

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
 (Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_