

Company Information:

Legal Business Name _____ Date _____

DBA Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Website _____

Phone _____ Fax _____

Employer ID or Tax Number _____ Years in business _____

Indicate One: Partnership Sole Owner Non-Profit Corporation

Company Principals:

Name _____ Title _____ SS# _____

Phone _____ Email: _____

Home Address _____

Name _____ Title _____ SS# _____

Phone _____ Email: _____

Home Address _____

A/P Contact Name _____ Email _____ Phone _____

Hospital/Surgery Center used (if different than the above company) _____

Purchase order required: Yes No If "yes," please furnish contact name, phone number and email:

Preferred method of payment: Credit card Wire transfer Check

Credit Card information: Visa MasterCard American Express

Name on Card _____ Signature _____

Card No. _____ Zip Code _____ Expiration Date _____ 3-digit CVV Code _____

Name of Subsidiary/Parent company _____ Affiliation _____

Address _____

Telephone _____ Contact/Title _____

Bank References:

Bank _____

Address _____

Phone _____ Account Number _____

Bank _____

Address _____

Phone _____ Account Number _____

Commercial References: *(Please use street address, not post office box)*

Company Name _____

City, State, Zip _____

Phone _____ Fax: _____

Account Number _____ Credit Limit _____

Company Name _____

City, State, Zip _____

Phone _____ Fax: _____

Account Number _____ Credit Limit _____

I certify that I am a principal of _____ and I authorize the Lions Eye Institute for Transplant & Research to review my own personal credit profile to be used only in conjunction with this application for company credit.

Audited financial statements are required to be issued a line of credit. If your organization does not have audited financial statements, unaudited financial statements (balance sheet and income statement) must be provided. Additional information may also be requested.

Signature of Owner or Officer _____ Date _____

Payments must be received by Lions Eye Institute for Transplant & Research on or before the due date. In case of default in payments, the Lions Eye Institute for Transplant & Research following rights and remedies, in addition to all other rights permitted by law:

- To assess late fees and/or interest
- To submit the debt to a collection agency or the Lions Eye Institute for Transplant & Research Collection department, without prior notice, for collection and/or litigation.
- The company agrees to pay all costs of collection, including reasonable attorney's fees. This agreement shall be governed by the laws of the State of Florida.

Signature indicates that the company agrees to the above terms as listed. Signature also certifies that information provided by applicant is accurate.

Signature of Owner or Officer _____ Date _____

Credit Application

Fax: 813.242.7020

Email: accounting@lionseyeinstitute.org

Financial Policy:

Thank you for choosing The Lions Eye Institute for Transplant & Research, Inc. (LEITR) as your preferred tissue provider. Please review the information below and contact LEITR Revenue Services at 813.289.1200 or by emailing accounting@lionseyeinstitute.org if you have any LEITR invoice questions.

Account Updates:

LEITR will invoice and direct financial communication to the A/P Contact provided on your credit application. It is your responsibility to inform LEITR of any changes in your address, telephone number, email, and point of contact.

Method of Payment:

For your convenience LEITR accepts, Checks, Wires, Debit Cards, VISA, Mastercard, Discover, and American Express.

If there is no remittance attached to the payment, LEITR policy will be to apply the payment to the oldest outstanding invoice.

Returned Checks:

The charge for a returned check is \$40.00. If a check is returned for insufficient funds, LEITR requires that you make a payment equal to the returned check plus \$40.00 charge within 15 business days of the bank notification. LEITR will not accept a check for payment of a check that was returned for insufficient funds.

Credit Limit:

LEITR Revenue Services department reviews all credit applications of all new customers to determine credit worthiness and the amount of

credit issued. The credit level may be reduced if the accounts become delinquent.

LEITR Revenue Services department will periodically review the repayment history of our existing customers to determine whether their existing credit levels are reasonable or need to be revised. This review shall also be conducted whenever business conditions warrant a general retraction or expansion of credit levels.

Payment Terms:

All invoices are due net 30 days from the invoice date. Late payments may be subject to 1.5% monthly interest rate and a \$50.00 USD late fee.

Collection of Unpaid Accounts:

If your account becomes delinquent LEITR will take diligent follow up actions to resolve the outstanding balance including billing statements, letters, and phone calls. In extreme cases LEITR would be reporting the delinquent account to credit agencies, regulatory agencies, including Medicare, and legal authorities. If your account balance reaches over 120 days aged, and you have not made other arrangements, your account may be locked from ordering tissue until payment is remitted.

Exceptions to this Policy:

The Chief Financial Officer is granted the authority to provide eligibility and determination exceptions to this policy on a case-by-case basis as deemed appropriate.

Your signature below indicates your understanding and acknowledgment of our financial policies detailed above.

Signature of Owner or Officer _____ Date _____