

**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](mailto: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](mailto: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 \_\_\_\_\_