

**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

Name of Subsidiary/Parent company \_\_\_\_\_ Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Contact/Title \_\_\_\_\_

**Company Principals:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

A/P Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_

Preferred method of payment:  ACH/Wire transfer  Check

**Bank References:**

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

**Commercial References:**

Company Name \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number \_\_\_\_\_ Credit Limit \_\_\_\_\_

Company Name \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number \_\_\_\_\_ Credit Limit \_\_\_\_\_

**Financial Information**

Please provide financial statements. If not available, please include a balance sheet and income statement or any additional materials that might be helpful in assessing credit status.

Please check the following items included with this application.

financial statements  balance sheet and income statement  Other materials \_\_\_\_\_

Payments must be received on or before the due date. In case of default in payments, the Lions Eye Institute for Transplant and Research (LEITR), reserves the following rights, remedies, and any additional rights permitted by law:

- To charge the customer/company late fees and/or interest
- To submit the debt to a collection agency or the LEITR's collection department, without prior notice, for collection and/or litigation.
- To charge the customer/company all costs of collection, including reasonable attorney's fees. This agreement shall be governed by the laws of the State of Florida.

I certify that I am a principal of \_\_\_\_\_ and authorize the Lions Eye Institute for Transplant and Research to review the company's credit profile to be used only in conjunction with this application for company credit. Your signature below indicates that the company agrees to the above terms as listed and certifies that information provided by applicant is accurate.

Signature Owner or Officer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Financial Policy:**

Thank you for choosing Lions Eye Institute for Transplant and Research. (LEITR) as your preferred tissue provider. Please review the information below and contact LEITR at 813.289.1200 or by emailing [accounting@lionseyeinstitute.org](mailto:accounting@lionseyeinstitute.org) if you have any 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 ACH, wire transfers, and checks for payment.

If there is no remittance attached to the payment, it is LEITR's policy to apply the payment to the oldest outstanding invoice. If wire fees are assessed, LEITR reserves the right to bill the customer/company for these charges.

**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 Owner or Officer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_