



(Credit application may be utilized for Aesculap Implant Systems, LLC)  
(Revised 4/13/2018 - all other forms are obsolete and will not be accepted)

Accounts Receivable  
824 12th Ave.  
Bethlehem, PA, 18018

### Credit Information

FAX: 610-849-5282 or email to:  
Aesculap\_CustomerMaster.BBMUS\_Service@aesculapusa.com

**PLEASE complete all sections of the credit information sheet. Should a section not apply, please indicate "Not Applicable". Failure to complete the form in its entirety will result in the delay of the requested account being established and with credit being denied.**

**Note:** Please understand that all FEIN information will/must be verifiable. If the FEIN is not in the reference databases, it shall be applicant's responsibility to contact the IRS at 1-800-829-0115 and request appropriate documentation to validate the FEIN.

**Customer/Facility Name:** \_\_\_\_\_

Facility Telephone #: \_\_\_\_\_ Facility Fax #: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Ste: \_\_\_\_\_  
(Shipping)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

St. Pharma License #: \_\_\_\_\_ St. Pharma License Expires: \_\_\_\_\_ GLN: \_\_\_\_\_

FEIN: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Customer/Facility Name:** \_\_\_\_\_

(Billing)

Billing Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEIN: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Customer/Facility Name:** \_\_\_\_\_

(Payer - financially responsible entity)

Payer's Address: \_\_\_\_\_ Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FEIN: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Type of Business:**

- Veterinary
- Dental Office
- Doctor Ofc/Clinic
- University/College
- Hospital
- Surgery Center
- Lab/Research
- Govt Facility
- Other Please Explain \_\_\_\_\_
- Distributor \*
- Manufacturer\*\*

\* Distributor - Type of facilities your company distributes to: \_\_\_\_\_

If Distributor, would your company provide sales tracings for the purpose of charge-backs and/or rebates?

YES  NO

\*\* Manufacturer - Type of product: \_\_\_\_\_

\*\*\* Exporter - Identify all countries: \_\_\_\_\_

**Intended use of Aesculap Product(s):**  Resell  Use within your company as identified above

**Company Web Site Address:** \_\_\_\_\_

**Buying Group Affiliation** (for example: Amerinet, Novation, Premier, etc) : \_\_\_\_\_

### Agreement

WE BELIEVE THAT OUR FIRM IS AND WILL CONTINUE TO BE FINANCIALLY ABLE TO MEET ANY AND ALL COMMITMENTS WE HAVE MADE OR MAY MAKE AND WE WILL PAY YOUR INVOICES ACCORDING TO YOUR TERMS. WE UNDERSTAND THAT A SERVICE CHARGE WILL BE ASSESSED ON PAST DUE INVOICES AT THE HIGHEST RATE ALLOWED BY LAW, AND WE AGREE TO PAY SUCH SERVICE CHARGES WHEN BILLED. ALL PAYMENTS WILL BE MADE TO AESCULAP, PO BOX 780426, PHILADELPHIA, PA 19178-0426, WHICH IS THE AGREED SITE OF ANY COLLECTION ACTION THAT MAY BE BROUGHT ON THIS ACCOUNT. IN THE EVENT OF SUCH ACTION WE AGREE TO PAY ALL COSTS AND REASONABLE ATTORNEY FEES. IF WE OBJECT TO ANY INVOICE CHARGE OR THE QUALITY OF ANY PRODUCT DELIVERED TO US BY AESCULAP WE MUST NOTIFY AESCULAP IN WRITING WITHIN TEN (10) DAYS OF THE DATE OF INVOICE, STATEMENT OF ACCOUNT, OR DELIVERY AT ADDRESS SPECIFIED ABOVE. WE (I) THE UNDERSIGNED, AUTHORIZE AESCULAP TO VERIFY OUR CREDIT STATUS WITH THE PROVIDED CREDIT TRADE REFERENCES. THE PURCHASE AND SALE OF THE PRODUCTS REFERENCED HEREIN SHALL BE GOVERNED BY AESCULAP'S TERMS AND CONDITIONS, WHICH SUPERSEDE THE TERMS AND CONDITIONS OF ANY PURCHASE ORDER OR OTHER DOCUMENTATION USED BY CUSTOMER. WE UNDERSTAND AND AGREE THAT ANY CHANGE IN TERMS MUST BE AUTHORIZED IN ADVANCE BY AESCULAP FINANCE MANAGEMENT.

Name of Corporation (Payer): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

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

**Accounts Receivable**

824 12th Avenue  
Bethlehem, PA 18018

**PLEASE NOTE:** Should customer claim tax exemption, the Tax Exemption Certificate for any/all jurisdiction(s) Aesculap product will be delivered to **MUST** be provided at the time that the Credit Information Form is submitted. Requests/Orders cannot be processed without a copy of your Tax Exemption Certificate. Additionally, Distributors & Exporters must attach a copy of their valid Resale Certificate for each ship to State.

**Customer/Facility Name:** \_\_\_\_\_

**Tax Exemption Status:**  Exempt  Non-Exempt State(s) Exempt: \_\_\_\_\_

**Tax Exemption Certificate:**  Attached  Not Attached  Not Applicable - Non Exempt

**Trade Reference(s)** (Excluding Utility Companies):

Company Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Bank Reference(s)**

Bank Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Your Internal Company Contact Information**

Accounts Payable:  
Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Purchasing:  
Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Freight** (Third Party Freight Vendor, if applicable, ie...OptiFreight, Triose, FDSI, etc.)

Freight Vendor: \_\_\_\_\_  
Account Number: \_\_\_\_\_ (specify FedEx or UPS)  
Please Attach "Shipping Routing Guide"

Should your organization choose to receive invoicing via email, please provide your AP General email address:

\_\_\_\_\_

**Aesculap Remittance Information**

IF PAYING BY CHECK, PLEASE REMIT PAYMENTS TO:  
**AESCULAP INC.**  
**PO BOX 780426**  
**PHILADELPHIA, PA 19178-0426**

**AESCULAP ACCOUNTS RECEIVABLE**

EAST 1-877-897-0132 X4252  
CENTRAL 1-877-897-0132 X4395  
WEST 1-877-897-0132 X4376

**Aesculap Implant Remittance Information**

IF PAYING BY CHECK, PLEASE REMIT PAYMENTS TO:  
**AESCULAP IMPLANT SYSTEMS, LLC**  
**PO BOX 780391**  
**PHILADELPHIA, PA 19178-0391**

**AESCULAP** Internal Use Only

**Verification**

Tax Exemption Yes No  
Tax Exemption Cert Yes No  
Exemption Cert Provided to Tax Group: Yes No  
FEIN Verified Yes No

Note: All FEIN's must be verified IAW the PATRIOT ACT. If provided FEIN cannot be verified in the standard databases the only acceptable form of verification shall be the IRS letter assigning the FEIN.

**AESCULAP, Inc. Declaration Form**

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Aesculap: \_\_\_\_\_  
HIN: \_\_\_\_\_

This facility hereby acknowledges that it recognizes \_\_\_\_\_  
(please print "Primary" GPO Name)  
as its "Primary" Group Purchasing Organization. As a declared member of your Primary GPO  
your pricing will reflect those items listed on this Group contract. Any purchases covered  
as part of your chosen "Primary" GPO contract will be on the basis for generating sales  
reports and administration fees. Only contract sales will be reported.

Facility Name: \_\_\_\_\_, By signature below declares its  
Primary Group Purchasing Organization as stated above.

Acknowledged and Agreed: \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

**Please return via fax to the attention of:** 610-849-5282  
Email to: AesculapCustomerMaster.US@aesculapusa.com  
Customer Master Coordinator  
Aesculap, Inc.  
3773 Corporate Parkway  
Center Valley, PA 18034