



Dear Customer,

We at Nova Ortho-Med Inc are very pleased your desire to open an account with us. We are proud to be a leading manufacturer and innovator of mobility, bathroom safety and patient aid products. Thank you for giving Nova the opportunity to earn your business. All of our products are backed by a Limited Lifetime Warranty that has earned the reputation as the best in the industry. Nova strongly believes in supporting our customers with exceptional customer service, superior products, and an extensive retail marketing program.

Please complete the entire credit application. Initial account limits and terms are based upon information that is provided to us on the application. You will be contacted by a Nova Representative once we receive your credit application.

These are several companies, which will not provide us credit references:

Drive	Gulf South
Medline	Sunrise
Invacare	Mckesson
Pride	Allegiance Healthcare
Owens & Minor	Beirsdorf-Jobst

Please do not include these companies on your application.

For California or Illinois businesses, complete attached Resale Certificate.
Please fax a copy of your completed application and your resale license to: 800-551-1229

Sincerely,

Nova Ortho-Med, Inc

Los Angeles Headquarters
1470 Beachey Place
Carson, CA 90746

Phone: (800) 557-6682
Fax: (800) 551-1229
www.NovaMedicalProducts.com

Chicago Distribution Center
8730 W. 50th Street
McCook, IL 60525

CREDIT APPLICATION

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Business is a: () Corporation () Partnership () Proprietorship () LLC

Year established: _____ Years at present location: _____ Fed Tax I.D. _____

Resale license No. _____ Open account limit desired: \$ _____
Submit copy with credit application

Principal Owners

Name: _____ Title: _____ SS# _____

Home address: _____ City: _____ State: _____ Zip: _____

Phone# _____ Cell Phone: _____

DL# _____ Email Address: _____

Name: _____ Title: _____ SS# _____

Home address: _____ City: _____ State: _____ Zip: _____

Phone# _____ Cell Phone: _____

DL# _____ Email Address: _____

Trade references

Name	Acct. #	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the firm or any of its principals ever been bankrupt? Yes No

If yes, please explain: _____

Applicant agrees to pay any collection costs incurred to collect the amount balance including reasonable attorney's fees. Upon your acceptance of this application, you agree to pay your invoices according to your terms as stated thereon. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorizing Nova Ortho-Med, Inc. to investigate the credit references listed above. All prices are in U.S. dollars and F.O.B. Carson, California or Woodridge, Illinois. We are not liable for any damage and/or loss by shipping company. If you want us to insure your order, please request on our PO to do so. Payment terms are subject to credit approval. Past due balance will be subject to 1 1/2% of interest per month. (Annual rate of 18%)

Signature _____ Title _____ Date _____

APPLICATION WILL NOT BE PROCESSED WITHOUT ABOVE SIGNATURE.

Nova Ortho-Med, Inc
PO Box 3039 Gardena, CA 90247
Phone: 310-352-3600 Fax: 310-352-3610

Bank Credit Inquiry

For Customers Only

Date: _____

Bank

Company:

To: _____

Re: _____

Phone: _____ Fax: _____

I do hereby authorize our banking facility to furnish information to Nova Ortho-Med, Inc for the purpose of having credit intended on open account terms.

Company Name	Account number	Authorized Signature
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For Bank Only

The company above has applied for credit with our company and has given your bank as a reference. Please provide the following information:

Date account established _____

Manner accounts maintained _____

Account type _____

Average cash balance - checking _____

Loans outstanding: type _____

Financial information _____

Please be assured that any information supplied for our use only, and will be held in the strictest confidence. Your kind cooperation in this matter will be appreciated.

Personal Guaranty

For Value Received and in consideration of the extension of credit to _____ (hereinafter referred to as Applicant) by Nova Ortho-Med, Inc. (hereinafter referred to as NOVA), the undersigned here by absolutely and unconditionally guaranties prompt payment when due of any and all indebtedness and liability of every kind, nature and character now existing, or which may hereafter exist from the Applicant to NOVA. The undersigned hereby waives presentment, protest, notice, demand, or action on delinquency in respect of any such indebtedness.

If litigation becomes necessary on this guaranty, the undersigned will also be responsible for all of court costs and reasonable attorneys' fees.

I authorize NOVA to run full investigation of my credit history including but not limited to, obtaining a consumer credit report.

This guaranty shall also bind the heirs, personal representatives, successors, and assigns of the undersigned and shall insure to NOVA, its successors and assigns.

Furthermore, if there is any change in the existing ownership, officers, or legal form of Applicant's business, the undersigned will notify NOVA at once of such change in writing.

The undersigned also agrees to furnish financial statements on request. The singular of the word "undersigned" shall include the plural thereof.

Date: _____

Signature Individually

Print Name

Address of the Guarantor

Social Security Number

Address of the Guarantor

Telephone number

Company Information

Manager: _____

Phone: _____ Fax: _____ Email: _____

Accounts Payable: _____

Phone: _____ Fax: _____ Email: _____

Purchasing Manager: _____

Phone: _____ Fax: _____ Email: _____

Type of Business: Retail Internet Catalog Other

Website: _____

Who are their current vendors?: _____

What is your current free freight level with other vendors? _____

What is your est. yearly sales: _____ Do they have multiple locations: _____

What Nova products are you interested in? _____

Do you do repairs? _____ Require Liftgate: _____ Inside delivery _____

Comments: _____

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

()

DATE



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City State Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City State Zip

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Registration number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature Date

Note: It is the seller's responsibility to verify that the purchaser's Illinois registration or Illinois resale number is valid and active.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property.

Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois registration number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.

