



BILLING ADDRESS: Name _____

Address _____

City, State Zip Code _____, _____

REQUIRED: Federal Tax ID # _____ - _____

Taxability: Lynn Medical collects sales taxes in Texas, Michigan, and Utah. If this business is tax-exempt in any of these states please provide the corresponding exemption certificate.

REQUIRED: Accounts Payable Contact Info: Name: _____

Phone #(_____) _____ Fax #(_____) _____ E-mail _____

What is the preferred method of invoice receipt? (Check one) Fax _____ E-mail _____

Standard Terms of Sale:

-The prices payable by Buyer for goods and services to be supplied by Lynn Medical under this Agreement will be specified in the applicable Sales Order. Lynn Medical's price does not include excise, use or other taxes, or any tariffs or customs duties, and Buyer shall be liable for all such taxes and duties, whether or not Lynn Medical invoiced Buyer for them.

-A restocking fee of 15% may apply on returned goods charged at the discretion of Lynn Medical. Credits must be used towards future purchases or against open invoices. Unused credits expire 6 months from issue date or original purchase date, whichever is earliest. No orders may be returned without prior authorization.

- In the event the Buyer requests expedited shipping, all additional shipping charges will be the responsibility of the Buyer, superseding any verbal agreements with Seller. This provision can only be nullified by written proof of a clear agreement.

Full Name Printed: _____ Title: _____

Signature: _____ Date: _____

Fax back to (248) 560-4545 or Email back to: ar@lynnmed.com

Your Lynn Medical Account # _____