



# NEW CUSTOMER PROFILE

If you have any questions, please contact our  
 Accounting Department, Monday - Friday, 8:00 am - 4:30 pm (Pacific Time)  
 Call (800) 221-9723 x1144 or (818) 882 8611 x1144 or email [accounting-simi@healthcarecomponents.com](mailto:accounting-simi@healthcarecomponents.com)

Please return the completed profile via email to RPI at [accounting-simi@healthcarecomponents.com](mailto:accounting-simi@healthcarecomponents.com). If it is not returned, order(s) may be placed on hold.

Company Information			
Name of Company or Institution		Company Telephone or Cell Number	
Company Bill To Address	State/Region	Postal Zip Code	Country or Territory
Company Ship To Address	State/Region	Postal Zip Code	Country or Territory

Purchasing Contact Information		
Name of Contact		Title and Department
Telephone or Cell Number	Fax Number	Email Address

Other Contact Information (if applicable)		
Name of Contact		Title and Department
Telephone or Cell Number	Fax Number	Email Address

Tax ID Number and Sales and User Tax Status Information	
Tax ID Number	<b>Is the company exempt from Sales and Use Tax?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No. <i>If Yes, please attach a copy of your state's certificate of exemption. This documentation must be submitted before exemption status is granted. RPI policy is to not grant tax exemption status until documentation is provided. As a reminder, your company is responsible for knowing its sales and use tax obligations. Should your company fail to provide this documentation, then your company will automatically be identified within our system as taxable.</i>

Accounting Contact and Payment Information		
Name of Payment Contact		Title and Department
Telephone or Cell Number	Fax Number	Email Address

<b>Payment Method (please check one):</b> <input type="checkbox"/> Credit Card (Please create an account at <a href="http://www.rpiparts.com">www.rpiparts.com</a> to register your credit card.) <input type="checkbox"/> Net 30 Day Terms - Upon Approval. (Please provide three Credit References below.) <input type="checkbox"/> Wire Transfer (\$35.50 USD Bank Fee) <input type="checkbox"/> ACH (U.S. Customers Only)	<b>Purchase Orders:</b> Will a Purchase Order be issued for transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No. Over \$ _____ Will Purchase Orders be: <input type="checkbox"/> Written. <input type="checkbox"/> Verbal. <input type="checkbox"/> Both
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Credit Reference 1 <i>If Payment Method selected above is Net 30 Day Terms, then you must provide 3 Credit References.</i>		
Name of Company or Institution	Address	Telephone or Cell Number
Name of Contact	Contact Title	Contact Email Address

Credit Reference 2 <i>If Payment Method selected above is Net 30 Day Terms, then you must provide 3 Credit References.</i>		
Name of Company or Institution	Address	Telephone or Cell Number
Name of Contact	Contact Title	Contact Email Address

Credit Reference 3 <i>If Payment Method selected above is Net 30 Day Terms, then you must provide 3 Credit References.</i>		
Name of Company or Institution	Address	Telephone or Cell Number
Name of Contact	Contact Title	Contact Email Address

**If Payment Method selected above is Net 30 Day Terms, please read the following.**  
 As consideration for the advancement of credit by Replacement Parts Industries, Inc. (RPI), a Healthcare Components Group company, the undersigned agrees to abide by the Terms of Payment as follows: Buyer shall pay all attorneys' fees and costs incurred by Seller in collecting any amounts due Seller, whether or not any court action has been filed. Except as otherwise agreed in writing by Seller, Buyer shall pay all amounts due Seller within thirty (30) days from date of invoice without offset of any kind. Any amounts not paid shall accrue interest at the rate of one and one-half percent (1-1/2%) per month or the highest rate permitted by law, whichever is lower, until all amounts due ("Principal") and interest have been paid in full. Any payments received shall be applied to (i) first, all attorneys' fees and costs of collection incurred by Seller; (ii) next, to interest; and then (iii) Principal. In addition, by providing the above Credit References, the person signing this document, is hereby authorizing RPI to contact the Credit References listed above to obtain information regarding the Company's credit in an effort to obtain credit with RPI.



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## Shipping Method Information

Shipping Method (please check one and provide the Account # to use):

- DHL Account # \_\_\_\_\_
- UPS Account # \_\_\_\_\_
- FedEx Account # \_\_\_\_\_
- USPS

## Type of Business

Please check all that apply:

- Independent Service Organization
  - Services Medical Equipment
  - Services Dental Equipment
  - Services Laboratory
  - Services Other: \_\_\_\_\_
- Asset Management Organization
- Resale

Please check all that apply:

- Medical - Hospital, Medical Center, Clinic or University/College
- Dental - Hospital, Medical Center, Clinic or University/College
- Laboratory or Blood Bank
- Other type of Institution: \_\_\_\_\_
- Military or other Government Agency

## Please Note the Following Information

RPI does not sell directly to doctor's, dentist's, and veterinary offices or tattoo shops. However, we can refer you to a service company in your area.

Orders received before 2:00 p.m. (Pacific Time), Monday - Friday, will be shipped the same day. Please refer to RPI's Company Holiday Schedule found on our website: [www.rpiparts.com](http://www.rpiparts.com).

Upon request and dependent on carrier's methods of shipments, orders can be shipped via any of the following services: Next Day, Second day, Third Day, Saturday Delivery, or Regular Ground Delivery. International shipments are our specialty.

Minimum order is \$20.00.

United States and Canadian Customers: Terms are net 30 days for approved Open Accounts. VISA, MasterCard and American Express are accepted.

International customers (except Canada): Payment in full is requested in U.S. dollars prior to shipping. Payment may be made by VISA, MasterCard and American Express, or by a check drawn on a U.S. bank, international money order, or bank wire transfer. (Wire transfers are subject to a bank fee.)

U.S. Military customers: U.S. Military customers: VISA, MasterCard, and American Express are accepted. RPI is U.S. Government SAM Registered: NSN #9S51901.

Past due invoices are subject to a late charge of 1-1/2% per month. Shipments are F.O.B. RPI Plant, Simi Valley, California. Returned checks are subject to a \$20.00 charge. No allowances for shortages, overcharge or damage unless reported within 10 days from the invoice date.

Form completed by (please print): \_\_\_\_\_

Title and Department: \_\_\_\_\_

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

Date: \_\_\_\_\_