

APPLICATION AND GENERAL POLICIES

QUESTIONS CALL

Toll Free..... 1 800.331.1922
Local..... 727.559.7720
Fax..... 727.559.7613

PADRO F. CORPORATION
P.O.Box 328 • Largo, Florida 33779

Attach your
professional card here

Application must be signed on the back to be processed

ACCOUNT INFORMATION

PLEASE PRINT OR TYPE

Billing Name _____ Date _____

Clinic Name _____ Principal Owners Name _____ OD/MD/Optician

Billing Address _____
street

PO. Box _____ City _____ State _____ Zip _____

Office Phone () _____

Fax # () _____

Email: _____

Drop Ship Address (if different from above):

PO. Box _____ City _____ State _____ Zip _____

Years in Practice _____ Years at this Location _____

Home Address _____
street

PO. Box _____ City _____ State _____ Zip _____

Home Phone () _____

Have you ever had a Padro F. Corporation account here?

Yes No Acct#

Type of Business: _____

Sole Proprietorship Partnership Corporation

Do you belong to any other buy groups?

Yes No If yes, please list:

Accounts Payable Contact _____

Payment Personally Guaranteed by:

Level of monthly credit you wish to be approved for?

\$100 - \$999 \$1,000 - \$1,999 \$2,000 - \$3,999

\$4,000 - \$5,000 Over \$6,000

Current Yearly Gross Sales

under \$100,000 \$100,000 - \$250,000

\$250,000 - \$500,000 Over \$500,000

CREDIT INFORMATION

FOR FASTEST PROCESSING, PLEASE GIVE COMPLETE INFORMATION.

*Please Note: If you have branch offices, a separate application is required for each location.

BANK REFERENCE Bank Name: _____ Loan Officer: _____

Bank Address: _____ Phone () _____

Checking Acct. No. _____ Date Opened _____ Loan Acct. No. _____ Date Opened _____

Trade References We require four trade references that approximate the level of credit you requested.

1. Supplier Name _____ Acct. No. _____ Date Opened _____

Address _____ Phone () _____

2. Supplier Name _____ Acct. No. _____ Date Opened _____

Address _____ Phone () _____

3. Supplier Name _____ Acct. No. _____ Date Opened _____

Address _____ Phone () _____

4. Supplier Name _____ Acct. No. _____ Date Opened _____

Address _____ Phone () _____

Upon signing this application, I authorize Padro F. Corporation to obtain a written or oral report from any credit reporting agency and authorize my bank and trade references to give Padro all information needed to process this application.

Please note: Whether your practice is solo, incorporated, or a partnership, all the principal owners must sign below. Please do not include a title (Example: President) when signing, as this renders your signature invalid.

PADRO F. CORPORATION BUYING GROUP
GENERAL POLICIES, TERMS AND CONDITIONS
Please Read and Sign Below

MEMBERSHIP AGREEMENT:

This contract made and entered into by and between Padro F. Corporation Buying Group (“here and after referred to as Padro”) and the below signed applicant corporation, professional corporation, partnership, and/or individual known as Member.

Padro F. Corporation Buying Group Member agrees to the general policies, terms and conditions of membership as follows:

MEMBERSHIP IS FREE.

1. Member is to use their personal Padro drop-ship numbers to order directly from the manufacturer, with supplies to be shipped directly to the member’s office.
2. Your statement is sent as soon as we receive and review all the statements from the suppliers, usually by the 10th of the month.
3. Discounts are given on merchandise only. Shipping and handling charges are not discountable.
4. Contact the individual suppliers regarding any missing invoices.
5. Padro F. Corporation has a service charge of \$15 per month, which is paid by each member. (This is subject to change). Fee is waived if there are no purchases and for purchases under \$50.
6. Padro agrees to pay suppliers for any products ordered on a Padro drop-ship number by a Padro member in good standing.
7. Payment is due in full within five (5) days of receipt of your statement. If payment is not received by the 25th of the billing month, your account will be put on immediate “stop ship” and assessed a 10% charge back of the balance due.
8. In addition to vendor discounts, payments RECEIVED by the 20th of the billing month will be allowed a 1% prompt payment discount on net purchases over \$1,000 and an additional 1% discount on net purchases over \$3,000.
9. A convenience fee of 3% is added to total due for all credit card payments. (This is subject to change).
10. Pay all charges as billed. Padro allows the return of any products for credit that are approved by the supplier and agrees to always issue Member’s credit for returned merchandise the same billing period that the supplier issues credit to Padro. Padro does not accept responsibility for unauthorized or improperly returned items. Any credits not reflected on your statement are not to be deducted from the current billing or credits, unless merchandise shipped in error, member must contact office within 2 days of receipt of statement to arrange special deferment. Credits are applied to total monthly purchases.
11. All products remain the property of Padro until paid in full. Padro reserves the right to retrieve or seize product for nonpayment.
12. In the event it becomes necessary for Padro to refer this account to a collection agency or attorney for collection, member agrees to pay all costs of collection including court costs and attorney’s fees. Member agrees to submit itself to the jurisdiction and venue of the State of Florida, Pinellas County and its laws and statutes should enforcement of any of the terms and conditions in this agreement become necessary.

13. Member agrees that if they do business as a corporation, professional association, or partnership, each member of said entity shall execute this agreement in their individual capacity and by such act shall individually guarantee payment of all charges billed to Padro and abide by the terms and conditions of this agreement.
14. In the event of transfer of ownership of practice or business, member is required to send Padro written notification and the new owner must submit a new credit application.
15. Upon closure of Padro account, member is required to send Padro written notification and all outstanding balances will be due and payable in full.
16. Member will hold Padro harmless and indemnify Padro against any product or other liability claims that may be brought against Padro in connection with any supplies or lab services rendered to the member under Padro F. Corporation.

<p>For Office Use Only</p> <p>Acct# _____</p> <p>By: _____</p> <p>Date Approved: _____</p> <p>Date Denied: _____</p> <p>A signed copy will be returned for your records.</p>	<p>I hereby understand that I am personally obligated to all terms and conditions above. I read, understand and agree to be personally responsible for all payments to Padro.</p> <p>Print Name of Principal Owner _____</p> <p>Principal Owner's Signature _____</p> <p>Social Security: _____</p> <p>Print Name of Principal Owner: _____</p> <p>Principal Owner's Signature _____</p> <p>Social Security _____</p>
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Please return your completed application to

PADRO F. CORPORATION
P.O. Box 328
Largo, FL 33779