



US Customer Set-up and Agreement

ENTITY INFORMATION							
Exact Legal Name of Entity:							
List any other Trade Names, DBA's:							
Customer Address				Delivery Address <input type="checkbox"/> Same as Customer Address			
Street Address				Street Address			
Address Line 2/Department				Address Line 2/Department			
City	State	Postal Code	Country	City	State	Postal Code	Country
Invoice Address <input type="checkbox"/> Same as Customer Address				Type of Business: <input type="checkbox"/> Hospital <input type="checkbox"/> Manufacturer <input type="checkbox"/> Surgery Center <input type="checkbox"/> Distributor <input type="checkbox"/> Contractor <input type="checkbox"/> Dealer <input type="checkbox"/> Other (Explain): _____			
Street Address							
Address Line 2/Department							
City	State	Postal Code	Country				
Federal Tax ID No. (if different from VAT No.)			VAT No.	Local Currency Credit Limit Requested:			

ENTITY REPRESENTATIVES INFORMATION			
Primary Physician Contact Information		Accounts Payable Contact Person	
Name:		Name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

CUSTOMER AUTHORIZATIONS AND SIGNATURE	
<p>KA Medical, LLC's payment terms are Net 30 Days from date of invoice. All invoices are due on the due date. If any sections of this form are not completed, order processing, credit consideration and allocation may be adversely affected.</p> <p>The entity representative's signature, on behalf of the debtor, attests financial responsibility, ability, and willingness to pay in accordance with the above standard payment terms. Applicant, and the officer or other representative signing on behalf of applicant, hereby certify that they have carefully reviewed this form and it is warranted to be true and complete.</p>	
Authorized Representatives Signature: _____	Date: _____
Print Name: _____	Title: _____

Return completed form to info@ka-medical.com

FOR KA MEDICAL USE ONLY:	
Customer No.	Authorized Credit Limit:
KA Medical Representatives Signature: _____ Date: _____ Print Name: _____ Title: _____	
Add to customer master:	Initials: _____ Date: _____



US Order Instructions and Price List

ORDER INSTRUCTIONS

To place an order or request a quote please
contact: Email: info@ka-medical.com
Phone: 651-262-2810

PRICE LIST

Order Number	Description	Price (each)
90000	Micro Plug Set, 3mm Plug, 125cm Catheter	\$1400.00
90001	Micro Plug Set, 4mm Plug, 125cm Catheter	\$1400.00
90002	Micro Plug Set, 5mm Plug, 125cm Catheter	\$1400.00
90003	Micro Plug Set, 6mm Plug, 125cm Catheter	\$1400.00

Note: Price does not include shipping and handling.

Approved for ordering, returned to customer: Init: _____ Date: _____