

## CONFIDENTIAL AUDNET APPLICATION AND AGREEMENT

### Business Information

Corporate Name:	Doing Business As Name:	
Owner's Name:	Owner's Phone #:	Owner's Email Address:

Owner's Home Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Ship To Address: (if different) *	City:	State:	Zip:
Business Phone:	Business Fax:	Business Email Address:	Years In Practice:
# of Employees in Practice: Professional:                  Support:	Corporation: Yes:    No:	Corporate tax ID number:	
Person(s) To Contact for Billing Questions:	Partnership: Yes:    No:	Principal owners Social Security number:	
<b>All Audiologists in practice:</b> 1. 2. 3. 4. 5.	Sole Proprietor  Yes:    No:	<b>Highest Audiology Degree, State &amp; Audiology License # for all audiologists in practice:</b> 1. 2. 3. 4. 5.	

### Financial Information: Only required to open or change vendor accounts to receive AuDNet discounts

Name of Business Bank:	Business Checking Acct. # _____ Business Savings Acct. # _____
Primary Banking Contact:	Contact Phone #:
Do You Presently Own Or Lease Office Space? Own:                  Lease:	If Own, Monthly Mortgage Pmt: _____ If Lease, Monthly Lease Pmt: _____

**Financial Information continued: Only required to open or change vendor accounts to receive AuDNet discounts**

Primary Supplier: Acct.#	Credit Limit: \$	Av. Orders Per Month:	Current Balance Owed: 30 days _____ 60 days _____ 90 days _____
Second Supplier: Acct.#	Credit Limit: \$	Av. Orders Per Month:	Current Balance Owed: 30 days _____ 60 days _____ 90 days _____
Third Supplier: Acct.#	Credit Limit: \$	Av. Orders Per Month:	Current Balance Owed: 30 days _____ 60 days _____ 90 days _____
Do You Have a Business Loan? Yes: No:	Amt. Borrowed: _____ Amt. Owed: _____ Monthly Pmt: _____	Do You Have a Line of Credit? Yes: No:	Amt. Of Credit: _____ Amt. Borrowed: _____ Mnthly Pmt: _____

Do you request authorization to make payments using a major credit card? Yes \_\_\_\_ No \_\_\_\_

**How did you hear about AuDNet?** Direct mail • E-mail • Meeting • Internet • Person \_\_\_\_\_.

I request exclusive rights for zip codes (Limit 4) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ and understand exclusivity is assigned based on the practice's ability to service the patient population in the exclusive area. (Exclusive marketing areas are not a condition of membership in AuDNet, are not required to receive the AuDNet discounts or benefits, are assigned on a first come first serve basis, and are not official until confirmed by AuDNet). AuDNet membership is not dependent upon hearing instrument purchases or quotas.

Applicant's signature attests to 1) their financial responsibility, ability and willingness to pay supplier invoices in accordance with each vendor's published terms and 2) authorization to investigate applicant's credit and license records. If payment terms are not met, applicant agrees to pay all attorney and court costs incurred to collect said balance. A finance charge may be imposed on the outstanding amount of all accounts that remain unpaid after the due date on the original statement. The applicable annual percentage rate shall be the maximum permitted by state law. **Applicant acknowledges that it remains solely responsible for compliance with vendors' payment terms and would like to open AuDNet accounts with:**

- Audina   
  Interton   
  Phonak   
  ReSound   
  SeboTek   
  Siemens   
  Unitron   
  Vivatone  
 CounselEAR   
 EarMold Concepts   
 Energizer   
 Oaktree   
 Prairie Labs   
 Westone

Applicant agrees that by entering into this agreement to follow all applicable state and federal laws and regulations and acknowledges being informed that it is the applicant's responsibility to report accurately the net price for each product, including any discounts earned through any AuDNet or manufacturer promotions and any price reduction obtained as part of a warranty agreement, to federal health care program payers and others, to the extent required by law. Applicant understands that certain information related to compliance with federal law is included in the AuDNet Member Manual, which is incorporated by reference in this Confidential Credit Application and Agreement and the receipt of which applicant acknowledges. The applicant agrees to notify AuDNet immediately in writing of any change in the information provided in this application, including changes in business name, business entity, principals and/or location. **I authorize AuDNet to forward this Application and Agreement to all AuDNet suppliers checked above and request my current accounts be closed and a new AuDNet account be opened with each checked supplier so that I may purchase products at the AuDNet discount.** I understand some suppliers may require additional credit information or a separate signed credit application, and that I may be contacted directly by an AuDNet supplier before credit is granted. This Agreement can be terminated by either party without cause by giving the other party 30 days notice of intent to cancel.

\_\_\_\_\_  
Owner or Authorized Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
AuDNet Inc. Authorized Signature

\_\_\_\_\_  
Date