



Domestic Credit Application and Agreement

APPLICANT INFORMATION		
Exact Legal Name of Applicant:		Number of Years/Months in Business:
List any other Trade Names, DBA's:		
Street Address:	City:	State/Zip:
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"/> Service Provider /Third party <input type="checkbox"/> Dealer <input type="checkbox"/> Other, Explain		
Bill to Address (If different from above):		City, State, Zip:
Website Address:		
A/P Contact Person:	A/P Phone:	Email or Fax No.
Parent Company Name (If applicable):		GLN#

BUSINESS INFORMATION	
Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other	
Federal Tax ID No.	Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of tax certificate
Business Ownership Breakdown:	% of Ownership:
Name:	% of Ownership:
Name:	% of Ownership:
Name:	% of Ownership:
Dun & Bradstreet Number:	

TRADE REFERENCES (Provide three, all of whom must presently supply goods to you on open account terms.)			
Company Name:	Contact Name:	Phone:	Email or Fax No:
Company Name:	Contact Name:	Phone:	Email or Fax No:
Company Name:	Contact Name:	Phone:	Email or Fax No:

FINANCIAL INFORMATION		
Bank Name:		Bank Account Number:
Branch Address:	City:	State/Zip:
Annual Sales:	Fiscal Year End:	Financial Statements attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Will a Leasing or Finance Company be used for order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information below.		
Lease or Finance Company Name:		Contact Name and Phone No:

Please complete the attached Authorization for Release of Bank Credit Information form and return with Credit Application back to STERIS Corporation.

The preceding information is for the purpose of obtaining credit from STERIS Corporation and is warranted to be true. I/We hereby authorize STERIS Corporation to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit, and for periodic review for the purpose of maintaining the credit relationship.

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Kindly attach a copy of your most recent financial statement to this application. If for any reason these documents are not available, please complete the table below.

Date:	Most Recent Year	Prior Year
	Year Ended _____	Year Ended _____
Balance Sheet		
Current assets: Cash and cash equivalents		
Accounts receivable, net		
Inventories, net		
Other current assets		
Total current assets		
Property, plant, and equipment, net		
Other assets		
Total assets		
Current liabilities: Accounts payable		
Indebtedness (borrowings, notes, capital leases, etc)		
Other current liabilities		
Total current liabilities		
Indebtedness (borrowings, notes, capital leases, etc)		
Other liabilities		
Total liabilities		
Equity		
Total liabilities & equity		
Income Statement		
Revenue		
Gross profit		
Operating expenses		
Non-operating expenses		
Income tax expense		
Net income		

The undersigned represents that these figures are taken from its books and records that said books and records are kept in accordance with generally accepted accounting principles, and that these figures accurately reflect the financial condition of the undersigned company.

Change of Ownership: I/We understand that we must notify STERIS Corporation in writing of any change in ownership, the name of the business, or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collections, the undersigned agrees to pay all responsible attorney fees, and/or costs of collection whether or not suit is filed.

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STERIS Corporation's payment terms are Net 30 Days from date of invoice. All invoices are due on the due date regardless of required installation or service. If any sections of the application are not completed, credit allocation may be adversely affected.

Applicant'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 credit application and it is true and complete.

Company Authorized Signature : x _____

Printed Name: _____ **Title:** _____ **Date:** _____



AUTHORIZATION FOR RELEASE OF BANK CREDIT INFORMATION

FOR CUSTOMER USE:

We are authorizing the Bank listed below to release information about our accounts outstanding, credit lines and payment history to STERIS Corporation. This information is to be used explicitly for the establishment of an open account with STERIS Corporation.

COMPANY INFORMATION:

Company Legal Name :		
DBA:		
Address:		
City:	State:	Zip Code :
Telephone:	Fax :	

BANKING INFORMATION:

Bank Name:	Type of Account:	Account No:
Telephone:	Fax:	Email:
Contact Officer:	Title:	

Company Authorized Signature :	
Title:	Date:

***Return this form to STERIS Corporation with completed Credit Application.*

FOR STERIS CORPORATION USE:

The above referenced account has applied to us for business credit in the amount of \$ _____ and has given your bank as a reference. This is a new account for us with limited credit experience. We would appreciate it if you would supply the information requested below.

Please respond within 48 hours and return completed form to:

STERIS Corporation Representative:	
Title:	Date:
Fax No.	Email Address:

We appreciate your assistance in providing the following information. The information provided is for internal use only and will be kept strictly confidential. Thank you for your corporation.

FOR BANK USE ONLY:

Type of Account:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVING	<input type="checkbox"/> OTHER
Open Date:	Average Balance :	Current Balance:	
Credit Line: _____ Yes _____ No	Size of Credit Line:		
Amount Drawn on Credit :Line:	Amount Available on Credit Line:		
Is Applicant compliant with all terms and conditions? _____ Yes _____ No	Comments:		

Bank Representative: _____ Title: _____

Signature: _____ Date: _____