



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: 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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UCC1 Filing: To induce STERIS Corporation to extend credit, I/We hereby give STERIS Corporation a security interest in each item of equipment and other product purchased from STERIS Corporation (and any proceeds thereof) in order to secure payment when due of the purchase price for that item or product, costs and expenses payable by the undersigned in connection with the purchase and interest on such indebtedness. The security interest in each such item or product shall terminate when STERIS Corporation has received payment in full of the indebtedness for such item or product. I/We authorize STERIS Corporation to file one or more financing statements naming applicant as debtor covering equipment and other products purchased from time to time from STERIS Corporation. I/We further agree that the above grant/authorization may not be revoked without STERIS Corporation's written approval and that the foregoing does not obligate STERIS Corporation to grant or approve this application for credit or to otherwise extend credit to any of the undersigned at any time.

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 |
| Date Account Opened: | Average Account Balance : | Current Account Balance: | |
| Line of Credit/Loan: _____ Yes _____ No | | | |
| Size of Line of Credit/Loan: | | | |
| Date Line of Credit/Loan Opened: | | | |
| Amount Drawn/Outstanding on Line of Credit/Loan: | | | |
| Amount Available to be Drawn on Line of Credit/Loan: | | | |
| Is Applicant in Compliance with all Terms and Conditions of Line of Credit/Loan? _____ Yes _____ No | | | |
| Comments: | | | |

Bank Representative: _____ Title: _____

Signature: _____ Date: _____