Bio-Medic Health Services, Inc.

5041-B Benois Road
Roanoke, Virginia 24014
Phone # 800-525-0072
Fax # 540-772-1188

Credit Policies

This is a Personal Guarantee-Read Carefully

Dear Valued Customer,

To prevent any misunderstanding the following is our published credit policy.

TERMS: **Net 30 Days from invoice date**
INTEREST: **18% per annum (1.5% per month chargeable on the 31st day)**
SHIPPING: **On Bio-Medic trucks – NO CHARGE**
UPS: Our fault, we pay UPS
UPS: At your request, you pay current UPS rates plus handling
Back orders: on our trucks
RETURNS: **Must be pre-authorized, assigned RA #**
NSF CHKS: **$30.00 Charge per check**
COLLECTION: If, unfortunately we need to go to a lawyer or collection agency these expenses will be added to your outstanding bill.
Please initial acknowledgement for the above collection fee policy _____

The undersigned personally and absolutely guarantees to pay all reasonable attorney fees, costs of collection, interest and balance owing Bio-Medic Health Services, Inc. on all accounts for
(Corporation Names) _____
(Trade Name) _____
We appreciate you, our customer, and hope the above may prevent any misunderstanding. If you have any questions regarding the above, please do not hesitate to call.

I have read the above and understand Bio-Medic's credit terms and agree to abide by them. Please have the owner/manager sign this copy and fax or mail it back to us ASAP!

_____ _____ _____
Owner/Manager Print Signature Date

_____ _____
Guarantor as Personal Guarantee Title

_____ _____ _____
Company Names Address Customer #

_____
Trade Name