



Credit Application

Fax: 813.242.7020

Email: accounting@LWVI.org

Company Information:

Legal Business Name _____ Date _____

DBA Name _____

Address _____

City _____ State _____ Zip _____

Main Contact _____ Email _____

Phone _____ Fax _____

Employer ID or Tax Number _____ Years in business _____

Indicate One: Partnership Sole Owner Non-Profit Corporation

Name of Subsidiary/Parent company _____ Affiliation _____

Address _____

Telephone _____ Contact/Title _____

Company Principals:

Name _____ Title _____

Phone _____ Email: _____

Name _____ Title _____

Phone _____ Email: _____

A/P Contact Name _____ Email _____ Phone _____

Purchase order required: Yes No *If "yes," please furnish contact name, phone number and email:*

Preferred method of payment: ACH/Wire transfer Check



So the world can see.

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Bank References:

Bank _____

Address _____

Phone _____ Account Number _____

Bank _____

Address _____

Phone _____ Account Number _____

Commercial References:

Company Name _____

Address / City / State / Zip _____

Phone _____ Fax: _____

Account Number _____ Credit Limit _____

Company Name _____

Address / City / State / Zip _____

Phone _____ Fax: _____

Account Number _____ Credit Limit _____

Financial Information

Please provide financial statements. If not available, please include a balance sheet and income statement or any additional materials that might be helpful in establishing company credit.

Please check the following items included with this application.

checkbox financial statements checkbox balance sheet and income statement checkbox Other materials _____

Payments must be received on or before the due date. In case of default in payments, Lions World Vision Institute (LWVI), reserves the following rights, remedies, and any additional rights permitted by law:

- To charge the customer/company late fees and/or interest
- To submit the debt to a collection agency or LWVI's collection department, without prior notice, for collection and/or litigation.
- To charge the customer/company all costs of collection, including reasonable attorney's fees. This agreement shall be governed by the laws of the State of Florida.

I certify that I am a principal of _____ and authorize Lions World Vision Institute to review the company's credit profile to be used only in conjunction with this application for company credit. Your signature below indicates that the company agrees to the above terms as listed and certifies that information provided by applicant is accurate.

Signature Owner or Officer _____ Date _____

Printed Name _____ Title _____



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Financial Policy:

Thank you for choosing Lions World Vision Institute. (LWVI) as your preferred tissue provider. Please review the information below and contact LWVI at 813.289.1200 or by emailing accounting@LWVI.org if you have any questions.

Account Updates:

LWVI will invoice and direct financial communication to the A/P Contact provided on your credit application. It is your responsibility to inform LWVI of any changes in your address, telephone number, email, and point of contact.

Method of Payment:

For your convenience LWVI accepts ACH, wire transfers, and checks for payment.

If there is no remittance attached to the payment, it is LWVI's policy to apply the payment to the oldest outstanding invoice. If wire fees are assessed, LWVI reserves the right to bill the customer/company for these charges.

Returned Checks:

The charge for a returned check is \$40.00. If a check is returned for insufficient funds, LWVI requires that you make a payment equal to the returned check plus \$40.00 charge within 15 business days of the bank notification. LWVI will not accept a check for payment of a check that was returned for insufficient funds.

Credit Limit:

Your signature below indicates your understanding and acknowledgment of our financial policies detailed above.

Signature Owner or Officer _____ Date _____

Printed Name _____ Title _____

LWVI Revenue Services department reviews all credit applications of all new customers to determine credit worthiness and the amount of credit issued. The credit level may be reduced if the accounts become delinquent.

LWVI Revenue Services department will periodically review the repayment history of our existing customers to determine whether their existing credit levels are reasonable or need to be revised. This review shall also be conducted whenever business conditions warrant a general retraction or expansion of credit levels.

Payment Terms:

All invoices are due net 30 days from the invoice date. Late payments may be subject to 1.5% monthly interest rate and a \$50.00 USD late fee.

Collection of Unpaid Accounts:

If your account becomes delinquent LWVI will take diligent follow up actions to resolve the outstanding balance including billing statements, letters, and phone calls. In extreme cases LWVI would be reporting the delinquent account to credit agencies, regulatory agencies, including Medicare, and legal authorities. If your account balance reaches over 120 days aged, and you have not made other arrangements, your account may be locked from ordering tissue until payment is remitted.

Exceptions to this Policy:

The Chief Financial Officer is granted the authority to provide eligibility and determination exceptions to this policy on a case-by-case basis as deemed appropriate.