



APPLICATION FOR CREDIT

Company Name: _____

Address: _____ City _____

State: _____ Zip Code _____ Country _____

Trade Styles (DBA, Trading as, etc.): _____

If Div. Or Sub. - Name of Parent Co: _____

CORPORATION NON-PROFIT PARTNERSHIP PROPRIETORSHIP LLC

OFFICERS:

Name: _____ Title: _____

Name: _____ Title: _____

ACCOUNTS PAYABLE CONTACT:

Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

ADDRESS:

Ship to Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

Bill to Address: _____

City: _____ State: _____ Zip Code: _____ Country _____

GENERAL BUSINESS INFORMATION:

Anticipated Annual \$ Volume of Purchases: _____

Type of Business: _____

Date Business Established: _____ Federal Tax ID#: _____

D&B DUNS#: _____ ***Social Security#: _____

***If business is a sole proprietorship or a partnership-social security numbers must be provided.

TRADE REFERENCES: (Please include complete address)

Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

Name: _____ Phone#: _____

Address: _____ Fax#: _____

_____ Acct#: _____

QMS-FM-POL008-01
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BANK REFERENCES:

Bank: _____	Account#: _____
Address: _____	Phone#: _____
_____	Fax#: _____
Contact Name: _____	
Bank: _____	Account#: _____
Address: _____	Phone#: _____
_____	Fax#: _____
Contact Name: _____	

DOCUMENT REQUIREMENTS:

IS YOUR COMPANY TAX-EXEMPT (Please check one) NO YES (If YES, please submit a tax-exempt certificate for each of your ship to states with this application).

Complete the W9 Form and submit as part of the credit application.

The information in this application and in all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Bionostics to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and creditor(s) to submit complete information for the purpose of credit evaluation. The applicant and their company agree to all terms and conditions set by Bionostics.

SIGNATURES:

Company Name: _____

Date: _____ Signed By: _____

Print Name: _____ Title: _____

◆ PLEASE FAX BACK TO BIONOSTICS/RNA CUSTOMER SERVICE: (978) 772-9071

TERMS AND CONDITONS OF SALE

ORDERS: These terms and conditions of sale constitute the contract between RNA Medical, Division of Bionostics, Inc. and the Buyer. Orders submitted on the Buyer's purchase order or other documents which contain terms or conditions modifying, adding to, or which are inconsistent with these terms and conditions are acceptable to RNA only upon the condition that RNA's Terms and Conditions shall be the sole terms and conditions. If RNA and the Buyer have heretofore entered into a formal written contract containing specific terms covering the sale of such products, the terms and conditions of such formal written contract shall govern. **IF THESE TERMS AND CONDITIONS ARE NOT ACCEPTABLE TO THE BUYER, BUYER MUST SO NOTIFY RNA MEDICAL PRIOR TO ISSUING A PURCHASE ORDER.**

MINIMUM ORDER: \$50.00 for one-time orders and \$200.00 for standing or blanket order shipments. If the product ordered is less than \$50.00, or less than \$200.00 as part of a standing or blanket order shipments, a handling charge of \$15.00 will be added to the invoice.

TERMS: Unless otherwise specified, terms are net 30 days from date of invoice, F.O.B. shipping point, freight prepaid and added. All prices are subject to change without notice. Invoices will be rendered on each shipment, partial or complete. Stenographic, clerical, and computer errors are subject to correction. Acceptable payments are check, credit card or wire transfer.

TAXES: The prices stated are subject to any additions necessary to cover Federal, State, and Municipal or other sales or use taxes or any other taxes upon the products or services described herein, all of which shall be paid by the Buyer.

CLAIMS: Any claims concerning damage or loss in transit shall be placed through the carrier by the Buyer.

RETURNS AND CANCELLATIONS: No product shall be accepted for return or replacement without the authorization of RNA Medical. **Returned products and cancelled orders are subject to a minimum 15% restocking fee which will vary depending upon the remaining shelf life.**

DELIVERY: Shipping dates are approximate. RNA Medical shall not be liable for any claim, loss or damage due to delay in or failure to make delivery when such delay or failure is directly or indirectly beyond RNA Medical's reasonable control, including without limitation delays or failures due to fire, flood, inclement weather, strikes or labor difficulties, transportation problems, materials shortages, power failures, accident, civil or military authority, war, hostilities, governmental control, restrictions, or prohibitions or other causes.

WARRANTY: RNA Medical warrants that at the time of shipment, the products manufactured by RNA Medical and sold thereunder, shall be in conformity with applicable written specifications and those descriptions referred to or set forth herein, free from material defects in workmanship and materials. Except for the express warranties, stated herein, RNA Medical disclaims all warranties on products furnished thereunder, including without limitation all implied warranties of merchantability and fitness for any particular use. The stated express warranties are in lieu of all obligations or liabilities on the part of RNA Medical arising out of or in connection with the performance of the products. Buyer's sole and exclusive remedy against RNA medical for any cause of action arising out of the sale or use of any product described herein shall be replacement of the product or refund of the purchase price paid for the product.

GOVERNING LAW: This agreement is to be construed and the respective rights of the parties are to be determined according to the laws of the Commonwealth of Massachusetts of the United States of America.

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