DVMed supply

2000 W. 135th St. Gardena, CA 90249
Ph: 800.438.2568 Fx: 310.220.2917
Acounting@DVMed.com www.DVMed.com

CREDIT CARD AUTHORIZATION FORM

Please complete all fields and send to:
Accounting@DVMed.com
or fax to:
(310) 220-2917.

You may cancel this authorization at any time by contacting us.
Phone: (800) 438-2568
Email: Accounting@DVMed.com

DVMed supply

2000 W. 135th St. Gardena, CA 90249
Ph: 800.438.2568 Fx: 310.220.2917
Acounting@DVMed.com www.DVMed.com

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Type ☐ Master Card ☐ Visa ☐ Discover ☐ AMEX ☐ Other

Cardholder Name (as shown on card) ______________________

Cardholder Title ______________________

Corporate ☐ YES ☐ NO

Company Name ______________________

Card Number ______________________

CVV Code ______________________

Expiration Date (MM/YY) ______________________

Cardholder Billing Address ______________________

City ______________ State ______________ Zip ______________

Cardholder Phone Number ______________________

I, ______________________ ,authorize DV Medical Supply, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

____

Cardholder Signature

______________ ______________ ______________

Print Name **Title** **Date**

DVMed supply

2000 W. 135th St. Gardena, CA 90249
Ph: 800.438.2568 Fx: 310.220.2917
Acounting@DVMed.com www.DVMed.com

ACCOUNT TERMS & CONDITIONS

Credit Card due prior to shipment, Prepay due prior to shipment OR Terms are net 30 from date of invoice. Unpaid invoices shall bear interest of 1.5% per month or the maximum allowed by law. Customer agrees that if any invoice goes beyond 30 days past due, all invoices become due and payable upon demand and in such cases, if DV Medical Supply deems it necessary to hire outside assistance for recovery, customer agrees to pay all costs of collections, including but not limited to court costs and reasonable attorney fees through and including the appellate level.

Customer agrees to jurisdiction and venue in Los Angeles, California for all disputes relating to or arising from the purchase of products from DV Medical Supply.

Quotation and pricing are subject to change based on the availability of products, as well as price fluctuations by vendors of DV Medical Supply, Inc. All special orders are non-refundable and non-returnable upon placing the order.

In the event there is a shortage or discrepancy found after delivery of products, customer agrees to notify vendor within 48 hours of receipt of goods. After the 48 hour period, customer waives any and all claims with regard to such shortage or discrepancy and agrees to pay invoice in full.

Customer agrees that all sales are final and that goods received are non-returnable.

Should any provision herein be determined to be void, invalid, unenforceable or illegal by a court, the validity and enforceability of the other provisions shall not be affected thereby.

The applicant authorizes DV Medical Supply, Inc. to obtain a written or oral report from any reporting agency. Accounts with a past due balance may require C.O.D. or Credit Card only purchase. The name of the responsible financial party must be noted if different from the principal owner.

PERSONAL GUARANTY: DV Medical Supply, Inc. will accept this application, sell and extend credit to the undersigned applicant at such time as the applicant agrees to personally guaranty and assume all of the obligations and responsibilities for any and all debts that the applicant incurs including costs of collection, interest, attorney's fees and court costs in connection with the applicant's purchases from DV Medical Supply, Inc. The account date of approval shall be considered the commencement date and will continue until such time as DV Medical Supply, Inc. acknowledges in writing, the termination of said personal responsibility. The undersigned whereby agrees to notify DV Medical Supply, Inc. of any changes in ownership and affirms that the financial condition of the applicant is satisfactory to meet all of its financial obligations. In the event of any suit for collection, the Applicant and each Personal Guarantor shall consent to the jurisdiction of the Courts of the State of California with venue in Los Angeles, California. All rights to trial by jury shall be waived. By signing this application, the undersigned acknowledges that all of the terms and conditions stated above have been agreed to and that the undersigned assumes personal liability for any payments due on this account.

By submitting this application the undersigned acknowledges that the information provided is accurate and true to the best of their knowledge and agrees to receive faxes and/or emails to the above-listed contact.

Signature of Authorized Corporate Officer, Partner, or Owner

Business Name

Print Name

Title

Date