

ACCOUNT INFORMATION

Customer Name:			
Billing Address:		Shipping Address:	
Latest IRS form W9:	(attach)	Federal ID #:	(attach)
DEA Certificate #:		Expiration Date:	
Schedule:		Please provide a copy of your DEA license when returning this form	
Wholesaler/Distributor License #:		D&B #:	
Contact Name:		Contact Title:	
Telephone #:		Fax #:	
Email Address:			
Years in Operation:		Own/Lease Building:	

FINANCIAL INFORMATION

Bank Reference

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Contact:		Contact:	
Account #:		Account #:	

FINANCIAL INFORMATION (continued)

Credit Reference

Name:		Name:		Name:	
Address:		Address:		Address:	
Phone:		Phone:		Phone:	
Contact:		Contact:		Contact:	
Account #:		Account #:		Account #:	

Additional Information	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
Current Assets last 4 qtrs:					
Current Liabs last 4 qtrs:					
Total Assets:					
Total Liabilities:					
EBITDA:					
Retained Earnings:					
Sales Tax Exemption Certificate #:					
The undersigned has /has not filed for or been the subject of a bankruptcy as a company or as an individual. If yes, type of bankruptcy, date filed, and date of discharge.					
Chapter:		Filing Date:		Discharge Date:	

ACKNOWLEDGEMENT OF RESPONSIBILITY

In order to induce Meridian Medical Technologies to provide credit to the above-named firm, and in consideration of such credit being extended, the above-named firm agrees that in the event credit issued pursuant to this application is not re-paid in accordance with the above referenced payment terms, the above-named firm, agrees to reimburse Meridian Medical Technologies for all costs, expenses, charges and fees expended by Meridian

Medical Technologies in effecting collection, including by way of illustration, collection agent's fees, attorney's fees, filing fees, etc., together with interest thereon and on the amount due at a rate of 1.5% per month. The undersigned agrees that any lawsuit filed by Meridian Medical Technologies for collection of amounts due and owing may be brought in the District Court of Sullivan County, Tennessee and Tennessee laws shall apply.

Submitted this () day of (), 2006	
By: Signature of President, Partner, Owner/Officer	
Name (print):	
Title (print):	

For Internal Use Only	Date Received:			Reason for rejection:
Disposition by Finance: (initial/date):		Approve:	Reject:	
Customer Number:		Date entered in system:		

TERMS

Ordinary payment terms are NET 30 days from date of invoice unless otherwise allowed in writing by Meridian. Payment terms taken without authorization or when payments are late will be disallowed and re-billed. A service charge of the greater of one and one-half (1-1/2%) per month or the highest amount allowed by law will be charged on all accounts past due.

TRANSPORTATION AND HANDLING

Orders will be shipped FOB Meridian's dock with freight and insurance paid by customer.

If extra handling is requested by customer, such as airfreight or drop shipments, the additional expense will be billed to the purchaser. In the event a shipment appears to be unusually delayed in delivery, please notify Meridian Medical Technologies, Inc.

SALES FINAL; NO RETURNS

Except as provided below, all sales of product are final, and product may not be returned unless there is a recall of the products by Meridian.

REMITTANCE

Remittance should be sent to Meridian Medical Technologies, Inc., PO Box 409726, Atlanta, GA 30384.

LOST OR DAMAGED SHIPMENTS

If merchandise arrives in damaged condition, you must notify the delivering carrier at that time. If concealed damage is discovered after delivery, notify the delivering carrier immediately and complete an inspection report. Such reports must be made within ten (10) days of delivery.

TAXES

Customer shall be responsible for all taxes, excises or other charges levied by any government (federal, state or local) upon the sale, consumption or use of the products purchased from Meridian Medical Technologies.

Revision: 1 August 2006