



Distributor of Premium Medical Products

P.O. Box 298, Medford, Oregon 97501

p-541-508-0540 f-888-380-0567

www.kempermedical.com

Rep/Distributor Application

Business Name _____

Phone _____

Address: Bill to and Ship to:

Email _____

Website _____

Thank you for your interest in Kemper Medical. Please complete the following form, so that we may best address your needs in considering you as a Kemper Medical authorized distributor or independent rep.

Please list your primary markets: _____

Please list your current product lines (if any): _____

What is your primary area of expertise? _____

How did you learn of Kemper Medical? _____

Kemper Medical reserves the right to grant or deny a distributorship based on the above information, verification information, and/or credit information.

I authorize Kemper Medical to verify the above information.

Signature: _____

Date: _____

Print Name: _____

Title: _____



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BLANKET CERTIFICATE OF RESALE

This is to certify that all material, merchandise, or goods purchased by the undersigned from Kemper Medical, Inc. after _____ is purchased for the following purpose (Please indicate all that apply):
(date)

- Resale as tangible personal property;
- To be exported for sale, use, or consumption outside the continental limits of the United States;
- Other _____.

This certificate shall be considered a part of each order which we shall hereinafter place provided such order contains our certificate number. This is to continue in force until revoked in writing.

Certificate No. _____ Dated _____ 20 _____

Firm _____ Signature _____

at _____ Title _____

_____ Zip _____ Phone _____

Terms & Conditions

Terms

- Net 30 days for approved accounts.
- New accounts may be opened on a Prepaid basis pending credit approval.
- Freight Charges are prepaid and added to the invoice.
- Invoiced shipping, handling, and insurance are based on actual freight costs.
- FOB Destination: Freight Prepaid and Added from the manufacturers authorized location.
- Sales Tax is billed unless a valid exemption certificate is on file with Kemper Medical at the time an order is placed (Required by Federal Law).
- International Customers: All terms and policies are governed by specific Pro Forma Invoice.
- For your convenience, we accept MasterCard, VISA, American Express and Discover for prepaid orders.
- PRICING: Our policy is to hold prices firm. However, our manufacturers can and will update or change pricing sometimes without notice. We do reserve the right to change prices or discontinue products without notice. We will make every effort to update the website catalog immediately upon being informed of any changes in stock availability and/or pricing.
- SPECIAL NOTE: Motor freight companies will not unload shipments to accounts who do not have a suitable commercial height receiving dock, nor will they unload large or heavy items to ground level. Many times, however, advanced arrangements for curb-side unloading can be made by facility personnel or the shipment can be made to your location for dealer delivery. For an additional charge and notification at the time of order, "Inside Delivery" or Cartage can be requested. The specifics of this service, however, are governed by your local freight terminal.

Return Policy

- Products cannot be returned to Kemper Medical, for credit or otherwise, unless accompanied by a Return Authorization Number issued by the Customer Service Department.
- All authorized returns are subject to our manufacturers reconsignment, refurbishing or restocking fees. These fees vary depending on the manufacturer.
- All non-manufacturing defect protective apparel returns are subject to a minimum 50% breakdown and restocking fee.
- All returns must be shipped in the original packaging.
- No returns 45 days past the invoice date will be allowed.
- Kemper Medical will authorize returns for complete credit in the case of KMI or Manufacturer error or defective merchandise.
- A Credit Memo will be issued only after the returned merchandise has been received and inspected by Kemper Medical or the appropriate manufacturer.
- No returns will be allowed for personalized, custom items or Designer Colors unless they are defective.
- Damages on returned items are the responsibility of the shipper. For proper credit to be considered, every effort should be made to assure a damage-free return.

Damaged Goods Policy

- The carrier has signed for receipt of merchandise from our factory and has accepted them in good condition.
- If your shipment arrives damaged or incomplete, it is the consignee's (ship-to) responsibility to note visible damage or shortages on the Bill of Lading BEFORE the carrier leaves. FAILURE TO NOTE ANY DISCREPANCIES ON THE BILL OF LADING WILL VOID ANY ATTEMPTED FREIGHT CLAIM and/or DELAY OR FORFEIT ANY CUSTOMER CREDIT.
- Kemper Medical will be glad to assist you by having an inspector from the carrier come to inspect the shipment and by working with you for any necessary replacements. Replacements are treated as separate orders, requiring their own purchase order number for billing. Any possible credits will be issued on the original order.
- Whether the damage is visible or concealed, KEEP ALL PACKAGING MATERIALS FOR THE CARRIER INSPECTOR.
- Reporting and inspection must be made within seven (7) days after delivery. Delayed reporting can delay or void the carrier's responsibility to pay your claim and negate any credit for freight damage from Kemper Medical or our Manufacturers.



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Dealer Name: _____

City: _____ State: _____

In order to optimize communication between Kemper Medical and your company, please provide us with email addresses for your key staff members.

Email Addresses for SALES / MARKETING STAFF:

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

5. Name: _____ Email: _____

Email Addresses for OTHER OFFICE STAFF:

1. Name: _____ Email: _____

Title: _____

2. Name: _____ Email: _____

Title: _____

3. Name: _____ Email: _____

Title: _____

4. Name: _____ Email: _____

Title: _____



Kemper Medical Inc
 PO Box 298
 Medford, OR 97501
 541-508-0540

Credit Application

Office Use Only

Cust.# _____ Date _____
 Terms _____ Credit Limit _____

Business Name _____

Address - Bill to & Ship to: _____

City, State/Province _____

FEIN _____ Email _____

Phone _____ Fax _____

Business Type: ___Sole Proprietorship ___Partnership ___Corporation: State / Province _____

Number of years in business _____

Principle Owners, Partners, Officers:

Name _____ Name _____ Name _____

Title _____ Title _____ Title _____

SS# _____ SS# _____ SS# _____

Trade References: Company Name, Address Contact and Title, Phone and/or Fax numbers

Company Name _____ Address _____

Phone _____ Fax _____

Company Name _____ Address _____

Phone _____ Fax _____

Company Name _____ Address _____

Phone _____ Fax _____

TERMS: All parties hereby agree that all purchases from Kemper Medical are subject to the following terms:

- Terms for credit approved accounts are Net 30 Days. Past due accounts are subject to interest at 1 1/2% per month.
- In the event an account becomes delinquent, Kemper Medical reserves the right to demand cash in advance, change credit limit, and/or submission to a third party for collection.
- New accounts can be opened on a Prepaid basis pending credit approval.
- Freight Charges are prepaid and added to the invoice (only on credit approved accounts).
- Invoiced shipping, handling, & insurance charges are based on actual freight costs.
- Motor Freight COD shipments have a significant additional charge by the freight company. COD customers are urged to prepay instead.
- All claims for shortages, returns, price differences, freight, and other deductions require approval by Kemper Medical. Claims must be submitted within seven (7) days of receiving the goods.
- FOB Destination: Freight Prepaid and Added to the invoice from point of manufacture.
- Sales Tax is billed unless exemption certificate is on file with Kemper Medical at the time an order is placed (Required by Federal Law).
- International Customers: All terms and policies are governed by specific Pro Forma Invoice, prepaid via Wire Transfer.
- For your convenience, we accept MasterCard, VISA, American Express and Discover.

KEMPER MEDICAL CREDIT APPLICATION - PAGE 2

The above information is being submitted for the purpose of allowing Kemper Medical, Inc., to assess and/or continue to assess credit solely for business purposes of the applicant. The applicant hereby represents and warrants that the information contained herein, or submitted in connection herewith, is true and complete as of the date hereof. The applicant hereby authorizes Kemper Medical, Inc., to obtain a written or oral credit report from any credit-reporting agency. The applicant also authorizes any bank or commercial business with which the applicant has current or inactive experience to give any and all necessary information to Kemper Medical, Inc., which will assist Kemper Medical, Inc., in the credit investigation. The applicant further authorizes Kemper Medical, Inc., to reinvestigate the applicant's credit status from time to time as Kemper Medical, Inc., deems necessary, and should Kemper Medical, Inc., upon such reinvestigation, deem it necessary to limit or terminate the credit arrangement with the applicant, said applicant will be notified in writing along with Kemper Medical, Inc's, terms of sale. The applicant hereby agrees to remit payment within the terms specified on the face of each invoice. If payment is not received when due, the applicant also agrees to pay a monthly service charge equal to one and one half percent (1 1/2%), or the maximum amount allowable under applicable state law (whichever is smaller), of the unpaid delinquent balance until the account is paid in full. In the event this account becomes delinquent and it becomes necessary to place the account for collection, the applicant agrees to reimburse, indemnify and pay Kemper Medical, Inc., all reasonable costs (including court costs), expenses, and/or collection fees incurred in the collection of the aforementioned delinquency where collection is handled by a collection agency, commercial forwarder, and/or an attorney. In the event of suit, venue will be at the sole discretion of Kemper Medical, Inc.

Applicant agrees to immediately notify Kemper Medical, Inc., in writing, of any changes in ownership of said business, or if applicant incorporates. Any other form of communication will not constitute a valid notification and applicant waives all rights thereto.

Name (Please Print)_____ Title_____

Authorized Officers Signature_____ Date_____