

## RETAIL CLIENTS

For your protection, Mada's facilities are closed to retail customers. Our policy is to refer all potential customers to their nearest authorized Mada dealers.

## SHIPPING POINT

Mada, Inc.  
625 Washington Avenue  
Carlstadt, NJ 07072

In the event that seller must incur legal or collection costs related to payment of merchandise invoiced, purchaser agrees to bear such costs.

Applicant hereby agrees to the regular terms and conditions of sale as outlined and noted on page 3 of this application.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

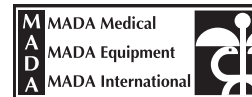
### Please Note:

Processing of this application will be initiated upon receipt of your order. This application will be canceled if your order is not received within 30 days.



**MADA Medical Products, Inc.**  
DOMESTIC/INTERNATIONAL  
625 Washington Avenue  
Carlstadt, NJ 07072  
Tel: 201-460-0454 Fax: 201-460-3509

Web site: [www.madamedical.com](http://www.madamedical.com)



## Credit Application

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

No. of years in business \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Accts. Payable Contact \_\_\_\_\_

Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact at bank \_\_\_\_\_ Account No. \_\_\_\_\_

***Applicant authorizes bank listed to provide necessary credit information***

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

***Application is only valid when applicants signature appears on page 4 (back page)***

Three (3) names and addresses of suppliers you are currently purchasing from.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

## **TERMS**

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Net 30 days from date of invoice.

Mada, Inc., reserves the right to assess a late charge of 1 1/2% per month on balance past due.

## **PRICES**

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Prices are subject to change without notice.

All ground freight is paid by Mada on orders of \$1,000.00 or more shipped within the Continental U.S. excluding Infection Control products, carts and stands, hazardous material, fuel and material surcharges, lift gate and inside delivery.

There is a minimum charge of \$50 per invoice.

## **ORDERING**

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Always give product number and name of product.  
Care in ordering avoids costly errors.

## **RETURNS**

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No merchandise may be returned without a Return Goods Authorization number from Mada, Inc., Carlstadt, NJ.

All returned goods must be sent freight prepaid.  
Credit will be issued to your account on an invoice.  
Do not credit your own account when issuing checks.

Where there has been no error on Mada's part, merchandise over 60 days old and merchandise not in original cartons will not be accepted for returns.

## **REPAIRS**

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Repairs are sent to the attention of Mada's repair department and do not require a return goods authorization.