

CREDIT ACCOUNT APPLICATION FORM

Registered Name: _____

Company Registration Number: _____ Date Established: _____

Statement/Invoice Postal Address: _____ Post Code: _____

Email Address: _____

Accounts Department Contact Name: _____

Landline Phone: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

Delivery Address: _____

Contact Name: _____

Delivery Instructions: _____

Business Status: Limited Company Sole Proprietor Partnership/Trust Other _____

Business Activity: _____ No. of Employees: _____

Owners'/Proprietors' Names: Address: Date of Birth: (required for credit check)

1. _____ / ____ / ____

2. _____ / ____ / ____

Acceptance of Terms and Conditions of Open Account

I HEREBY APPLY TO OPEN A CREDIT ACCOUNT WITH PARAOCCDOCS, INC. I HAVE READ AND FULLY UNDERSTAND PARAOCCDOCS, Inc's TERMS AND CONDITIONS OF OPEN ACCOUNT (SEE OVER) AND AGREE TO ABIDE BY THEM.

Name of the person signing the application: _____

Position held: _____

Signature: _____ (Authorized Signatory Only) Date: _____

Personal Continuing Guarantee

In consideration of PARAOCCDOCS, Inc agreeing to supply _____ (the Customer) with services on credit, I hereby agree as follows:

- I hereby guarantee to pay any moneys advanced by way of credit to the Customer under this agreement in the event that the Customer does not pay.
- This agreement shall be a continuing guarantee to PARAOCCDOCS, INC for all debts and obligations whatsoever and whensoever contracted by the Customer with PARAOCCDOCS, INC, in respect of services supplied to it.
- I hereby consent to any modifications and amendments PARAOCCDOCS, INC may make to this agreement.

Dated _____

Guarantor's Name _____ Witness' Name _____

Guarantor's Occupation _____ Witness' Occupation _____

Guarantor's Date of Birth (required for credit check) ____/____/____ Witness' Address _____

Guarantor's Address _____

Guarantor's Signature _____ Witness' Signature _____

Please complete and return to:

PARAOCCDOCS Inc, 3649 S. Beglis Pkwy., Sulphur, LA 70665 Phone (337) 626-1011 Fax (337) 558-5997

TERMS AND CONDITIONS OF OPEN ACCOUNT

These terms and conditions of open account apply to all our Service Contracts. Any order placed with PARAOCCDOCS, INC ("Our", "Us", "We", or "PARAOCCDOCS, Inc") by you ("You" or "Customer") constitutes your agreement to be bound by these terms. Any additional or different terms you stipulate or state in any communication with PARAOCCDOCS, INC (including an order) are hereby objected to and will not bind PARAOCCDOCS, INC unless PARAOCCDOCS, INC agrees in writing. No sales person, representative or agent is authorized by PARAOCCDOCS, INC to give any guarantee, warranty or representation in addition to, or contrary to these terms. In any event, receipt of services by you (or another as you direct) upon performance constitutes your agreement to be bound by these terms.

1 SERVICE CONTRACT

- 1.1 Your placement of an order with us ("Order") constitutes an offer by you to hire services from us on these terms. The Order is placed when it is submitted to us.
- 1.2 Order is accepted only when we notify you that we accept your Order. For example, we might notify you that we accept your Order by sending you an e-mail stating this. Any performance of services constitutes notice of our acceptance of the order.
- 1.3 If we accept the Order, a binding contract between you and us will arise on these terms (the Contract). The Contract may be amended only by written agreement between us and you.

2 PRICE AND PRICE VARIATION

- 2.1 Prices quoted are excluding tax unless otherwise stated. Unless otherwise agreed in writing, the price of the services will be the current price on the day of order. We may change our prices from time to time without notice. Prices do not include any transportation fees. We are entitled to charge a transportation fee, which will be calculated by reference to the services hired and the post code of the address stated in the Order at which the services are to be rendered.
- 2.2 PARAOCCDOCS, INC shall be entitled to adjust any price quoted from time to time and the Customer agrees to pay any such adjusted price to take account of variations in the cost to PARAOCCDOCS, INC of carrying out the whole or any part of the contract arising from any of the following:
 - (a) delays in the performance of services as a result of instructions or lack of instructions from the Customer, the Customer's failure or inability to fulfill the obligations under the contract or any action or inaction by the Customer or other circumstances beyond PARAOCCDOCS, INC's control;
 - (b) variations in the cost of rates of all statutory, government or local government or governmental authority charges and obligations; or
 - (c) any correction of errors or omissions on the part of PARAOCCDOCS, INC or any of its representatives.

3 PAYMENT

- 3.1 PARAOCCDOCS, INC reserves the right to suspend performance of further services if the terms of payment are not strictly adhered to by the Customer.

- 3.2 Interest may be charged on overdue accounts at a rate of 1.5% per month.
- 3.3 Any expenses, costs or disbursements incurred by PARAOCCDOCS, INC in recovering any outstanding monies including debt collection agency fees or attorney's fees and costs shall be paid by the Customer.
- 3.4 You must pay us any fees or costs imposed on us if any payment you make to us is dishonored or reversed.
- 3.5 Unless otherwise agreed, the price for services shall be paid to PARAOCCDOCS, INC at its address by the 20th of the month following the month in which the invoice was dated. Payment will not be accepted by any means other than cash, check, direct credit or direct debit.

4 CUSTOMER'S LIABILITY & DEFAULT

- 4.1 If the Customer shall:
 - (a) fail to make any payment due under the contract or commit any other breach of any of the Customer's obligations under the contract; or
 - (b) suffer execution under any judgment; or
 - (c) commit an act of bankruptcy; or
 - (d) make any composition or arrangement with any creditor; or
 - (e) being a company, pass a resolution for winding up or have a receiver appointed over any of its property or have a winding up petition presented against it,

PARAOCCDOCS, INC (in addition to any other remedies hereby or by statute conferred) may treat the contract as terminated and any part of the service price then unpaid, together with any other monies owing hereunder, whether or not due under the terms of the contract shall forthwith become due and payable. Any such termination shall be without prejudice to any claim or right PARAOCCDOCS, INC may otherwise possess.

5 SOLE REMEDY OF CUSTOMER UPON DEFAULT

- 5.1 If there is a breach or default by PARAOCCDOCS, INC, the Customer agrees that, except for the gross fault or intentional fault of PARAOCCDOCS, INC, the sole remedy of Customer shall be to require PARAOCCDOCS, INC to refund to Customer the price paid by Customer to PARAOCCDOCS, INC for the services corresponding to such breach or default.

6 GOVERNING LAW AND VENUE

- 6.1 This Agreement shall be governed by the law of the State of Louisiana without regard to any such law which would apply the law of another state.
- 6.2 Customer agrees that any litigation related to or arising out of this agreement will be tried exclusively in the federal or state courts in Calcasieu Parish, Louisiana.



BUSINESS HEALTH PARTNERS

"Partners with Business and Industry"



Date: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax () _____

Contact Name: _____

Contact Email: _____

Email Results: YES NO

Email Address: _____

Invoice: (distribution is email only)

Email Address: _____

Physical Exam Information:

Reporting Methods:

Oral Mail Return with Employee
 Fax Email BHPConnect

DOT Card: Issue card to Employee Mail to Company

Business Health Partners is authorized to release information regarding PHYSICAL EXAMS to the following:

NAME	TITLE	PHONE	EMAIL



BUSINESS HEALTH PARTNERS

"Partners with Business and Industry"



Drug Screen Results:

Reporting Methods:

Oral Mail Return with Employee
 Fax Email BHPConnect

Business Health Partners is authorized to release information regarding DRUG/ALCOHOL TESTING to the following:

NAME	TITLE	PHONE	EMAIL

Terms of providing services: Client agrees to pay each invoice within 30 days of the invoice date.

Authorization required: Client must provide a written request stating the services that are to be provided. An authorized representative of the company must sign this request. A requisition for Business Health Partners is included. This requisition may be faxed to (337) 558-5997 or be brought into the clinic by the employee.

Miscellaneous: Any disputes arising out of this agreement and/or the services provided shall be construed under the laws of the State of Louisiana. This agreement can only be modified in writing signed by both parties. This agreement supersedes any prior and contemporaneous oral agreements. All payments by the Client are to be made payable to Business Health Partners. The signing of the credit application and this agreement constitutes doing business in Louisiana and a submission to the jurisdiction of the appropriate courts.

I certify that all statements in the credit application are true and correct. All purchases made by the Client to Business Health Partners are governed by the terms in this agreement. This agreement is deemed executed in the State of Louisiana.

Signature Print Name

Title Date