

CREDIT ACCOUNT APPLICATION FORM

The purpose of this Credit Application is to open an account with ParaOccDocs, Inc., Satwa Physicians Group, PLLC and/or Satwa Occupational, LLC (referred to collectively herein as "BHP"). The undersigned understands and agrees that this application and the Terms and Conditions on the reverse hereof apply to all dealings between myself, my business and the above BHP entities.

Registered Name: _____

Company Registration Number: _____ **Date Established:** _____

Statement/Invoice Postal Address: _____ **Post Code:** _____

***Invoice distribution is email only. Email Address:** _____

Accounts Payable Department Contact Name: _____

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

Delivery Address: _____

Contact Name: _____

Delivery Instructions: _____

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

Name of Business ("Customer"): _____

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

1. _____ / _____ / _____

2. _____ / _____ / _____

Acceptance of Terms and Conditions of Open Account

ON BEHALF OF THE ABOVE BUSINESS/CUSTOMER, I HEREBY APPLY TO OPEN A CREDIT ACCOUNT WITH BHP. I HAVE READ AND FULLY UNDERSTAND BHP'S TERMS AND CONDITIONS OF OPEN ACCOUNT (SEE REVERSE) AND BOTH THE BUSINESS/CUSTOMER AND MYSELF PERSONALLY AGREE TO ABIDE AND BE BOUND BY THEM. I REPRESENT AND WARRANT THAT I HAVE FULL AUTHORITY TO ACT FOR AND BIND THE BUSINESS/CUSTOMER TO THIS AGREEMENT. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZED BHP TO MAKE INQUIRIES INTO YOUR BANKING AND BUSINESS/TRADE REFERENCES INCLUDING OBTAINING ONE OR MORE CREDIT REPORTS.

Name of the person signing the application: _____

Position held: _____

Signature: _____ (Authorized Signatory Only) Date: _____

Personal Continuing Guarantee

In consideration of BHP agreeing to provide the above business (the Customer) with services on credit, I hereby personally agree as follows:

- I hereby guarantee, in solido, to pay any moneys owed BHP by the Customer in the event that the Customer does not pay.
- This Agreement shall be a continuing personal guarantee to BHP for all debts and obligations of the Customer whatsoever and whensoever contracted by the Customer with BHP, in respect of services supplied to it.
- I personally guarantee the performance of any obligation owed by the Customer to BHP.
- I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the obligations hereby guaranteed.

Dated _____

Guarantor's Name _____

Guarantor's Occupation _____

Guarantor's Date of Birth (required for credit check) ___/___/___

Guarantor's Address _____

Guarantor's Signature _____

Please complete and return to: PARAOCDOCS Inc, 3649 S. Beglis Pkwy., Sulphur, LA 70665 Phone (337) 626-1011 Fax (337) 558-5997 Email: keith@businesshealthpartners.com – SEE TERMS AND CONDITIONS ON REVERSE

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., SATWA PHYSICIANS GROUP, PLLC, AND/OR SATWA OCCUPATIONAL, LLC ("Our", "Us", "We", or "BHP ") 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 BHP (including an order) are hereby objected to and will not bind BHP unless BHP agrees specifically in writing. No sales person, representative or agent is authorized by BHP 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) 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 An 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 by Us 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 Our 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 BHP 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 BHP 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 BHP's control;
 - (b) variations in the cost of rates of all statutory, government or local government or governmental authority charges and obligations; and/or
 - (c) any correction of errors or omissions on the part of BHP or any of its representatives.

3 PAYMENT

- 3.1 BHP 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 by Us on overdue accounts at a rate of 1.5% per month.
- 3.3 Any expenses, costs or disbursements incurred by BHP in recovering any outstanding monies including

debt collection agency fees and 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 BHP 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) file for bankruptcy; or
 - (d) make any compromise or arrangement with any creditor; or
 - (e) being a company, pass a resolution for winding up or to have a receiver appointed over any of Your property or have a winding up petition presented against You.

BHP (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 thereunder, 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 BHP may otherwise possess.

5 SOLE REMEDY OF CUSTOMER UPON DEFAULT

- 5.1 If there is a breach or default by BHP, the Customer agrees that, except for the gross fault or intentional fault of BHP, the sole remedy of Customer shall be to require BHP to refund to Customer the price paid by Customer to BHP 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 & Industry"

Date: _____ Company Name: _____

Type of Company: _____ Number of Employees: _____

Services that you are interested in:

___ Injury care ___ Physicals ___ Drug Screening/ Breath Alcohol
___ Audiograms ___ PFT/Fit Test ___ Lab Tests ___ Safety Training

Workman's Compensation information (If Applicable):

___ Company Pay ___ Workman's Compensation Insurance

Workman's Compensation Insurance Carrier _____

Address: _____

Workman's Compensation Policy Number: _____

Physical Exam Information:

Reporting Methods:

___ Fax ___ Email ___ BHPConnect

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

Preferred

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL

NAME TITLE PHONE EMAIL



BUSINESS HEALTH PARTNERS
"Partners with Business & Industry"

Drug Screen Results:

Reporting Methods:

Fax Email BHPConnect

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

Table with 4 columns: NAME, TITLE, PHONE, EMAIL. Two rows of headers.

Designated Employee Representative:

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 and Texas. 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, Texas, 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 and Texas.

Signature Print Name
Title Date