

Sonova USA Inc. Account Application

Business Information

Legal Business Name: _____ Date Business Established: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____

Federal Tax ID Number: _____ *If tax exempt, provide a copy of the resale or exemption certificate.*

Audiologist or Dispensing State License Number: _____

Enter the names and addresses of your locations below. Please indicate which locations receive/pay invoices and receive/dispense products. If you have more than 3 office locations, attach a file with a list of all your locations address and phone number, as well as the answers to the questions in the table below. Ship to locations (receives product) cannot have a PO Box address.

Street Address	City	State	Zip	Phone	Receives Invoice	Receives Product
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Contact Information

	Name	Authorized to Order	Authorized to discuss balance due	Authorized to discuss pricing
Owner:	Name: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Email Address: _____			
	Phone: _____			
Primary Contact:	Name: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Email Address: _____			
	Phone: _____			
AP Contact:	Name: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Email Address: _____			
	Phone: _____			
Other:	Name: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Email Address: _____			
	Phone: _____			

Form of Business:

- Corporation Proprietorship Partnership Other

Choose one of the following that best describes your business:

- New Business/Company
 Existing business/Company

If existing, please select your reason for applying for a new account:

- Change in ownership
 Never purchased from Sonova before
 Did not purchase direct from Sonova (ie: buying group)

Have you ever had an account with Sonova before? Yes No

If yes, provide the following:

Account Name: _____ Account Number: _____

Street Address: _____

Credit Information

How do you intend to pay? Credit card at time of order Request Net 30 terms (pending credit review)

Purchase Order Required: Yes No

Remit addresses

Refer to Invoice for lockbox address

Terms & Conditions

By signing this Application, you accept, and agree to be bound by, Sonova’s Terms & Conditions. A copy of the Terms & Conditions may be found here: <https://www.phonakpro.com/us/en/resources/information-forms/Sonova-USA-Terms-and-Conditions.html> or unitron.com

Acceptance

By clicking or signing here, I request an account with Sonova for the purpose of purchasing hearing aids and related accessories for resale to patient and I agree to the credit terms listed in the T&C’s and agree to prompt payment. In order to open an account and obtain credit, you authorize and release all companies and banks to furnish information to Sonova. You also agree that Sonova will undertake a review of your credit and financial responsibility and you hereby authorize Sonova to obtain your individual credit report from one or more credit reporting agencies. I represent that I have authority to execute this application on behalf of the customer listed above. I certify that all information I have provided is true and accurate, and acknowledge that Sonova will rely on this information. Finally, I agree to the terms and conditions set forth in the application.

eSign

Signature: _____

Print Name: _____

Date: _____

Personal Guaranty

If you are opening an account as an individual owner, we require a personal guaranty. If you are a guarantor and married, your spouse must also sign the guaranty. If you are opening an account on behalf of a practice (and not individually) all practice owners must sign a personal guaranty.

Legal Business Name: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Personal Guaranty:

By clicking or signing here, and in consideration of Sonova extending credit at my request to the above listed company, the undersigned (if married, both spouses must sign) hereby personally guarantees to Sonova, if the company fails to pay when due, the payment of any obligation of the company arising out of the relationship created by this account application that is owed to Sonova. It is understood that this guaranty will be a continuing and irrevocable guaranty and compensation for such debt of the company. The undersigned hereby waive notice of default and nonpayment and consent to the enforcement of this obligation before any court of competent jurisdiction in DuPage County, Illinois, waiving and objection to personal jurisdiction. This guaranty will be interpreted and construed under Illinois law without regard for choice of law principles.

eSign _____ eSign _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Date: _____ Date: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____