

Dear Medical Professional:

Thank you for your interest in the revolutionary line of Balance Systems, Inc. (BSI) products! To receive reduced pricing on all BSI quality rehabilitation and therapy supplies, please print the “**APPLICATION FOR REDUCED MEDICAL PRICING**” and send the completed form to **FAX # (541) 938-7165**. Your application will be reviewed, and once verified, a customer service representative will be in contact to provide you with healthcare professional pricing discounts.

After this initial application process, BSI provides three (3), easy purchasing options:

- 1) When the customer service representative contacts you, they will provide your clinic a password and login code for purchases made online (www.repetitive-strain.com). Your account will already have been established, so when you login on-line, the shopping cart will automatically show the healthcare professional pricing for your account. All on-line orders must be paid in full with a credit card at the time of the order. Items are generally shipped within 48 business hours. You will be immediately contacted if we cannot ship your order within the 48-hour timeframe. **NOTE:** BSI advises that you order on-line for all purchases that contain less than 1-dozen of EACH particular item. For orders of 1-dozen or more same items of the same product, (such as 12 gloves or 12 videos) you will receive another generous price break, which our on-line shopping cart is not able to accommodate.
- 2) Phone Orders are simple and easy! Call BSI **Toll-Free 1-888-274-5444** from USA and Canada to purchase any items you may need. Your account will already have been set up so the phone call shouldn't take more than a few moments. All first time phone or fax orders must be pre-paid unless you already have an established on-line buying history.
- 3) Fax orders are quick and simple. Print off our fax order sheet, fill it out completely and Fax to: (541) 938-7165. It's just that easy! You may order by fax for any size purchase, but keep in mind, all first time phone or fax orders must be pre-paid unless you already have an established on-line buying history.

APPLICATION FOR REDUCED MEDICAL PRICING

Firm Name _____ Date _____
Tax ID: _____
Facility Type- Medical Physical Therapy Chiropractic Other-explain _____

Physician / License Number _____
Description of Business _____
BILLING Address _____
City _____ State _____ Zip _____
SHIPPING Address _____
City _____ State _____ Zip _____
Phone _____ Fax: _____ Email: _____
At present location since (date) _____ Year established _____

REFERENCES:

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

BANKING INFORMATION

Bank _____ Account # _____
Branch _____ Phone _____
Address _____ City _____ State _____ Zip _____
Additional information _____

Terms and Conditions- I/We agree to pay my/our account in accordance with the regular terms of Balance Systems, Inc., On-Line Orders: Paid in full via credit card at time of purchase. Phone Orders: All first time orders must be pre-paid / NET 30 DAYS on all proceeding orders. All shipments are F.O.B. Balance Systems, Inc.. I/We understand that any balance not paid within those terms will be assessed a 2% FINANCE CHARGE. I/We understand and agree that the purpose of the late charge is to induce payment of the obligation. I/We also agree to pay, in the event payment shall not be made when due, all costs of collection, and I/We further agree that, in case suit is instituted to collect any amount due, to pay such additional sums as the court may adjudge reasonable as attorney's fees.

APPLICANT'S SIGNATURE ATTESTS ABILITY AND WILLINGNESS TO PAY INVOICE IN ACCORDANCE WITH ABOVE TERMS.

_____ X _____
Firm Name Authorized Signature Authorized title

The above information is for the purpose of obtaining credit and is warranted to be true. By signing above, I/We hereby authorize Balance Systems, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. I/We understand all information is strictly confidential.

Fax Application To: (541) 938-7165
BSI, 1644 Plaza Way, Suite #317, Walla Walla WA. 99362

