RESPIRATORY & DME DEALER

NEW ACCOUNT / CREDIT APPLICATION

Please complete both pages. Trade references are required only for accounts requesting credit terms.

01 BUSINESS INFORMATION

Legal business name

DBA / trade name (if different)

Business street address / city / state / ZIP

Federal EIN

Main business phone

Website (optional)

Dealer type: ☐ Independent DME / HME ☐ Respiratory specialist ☐ Pharmacy / DME

☐ Other

Regulatory (if applicable): ☐ State DME license

☐ Medicare enrolled

NPI / PTAN:

02 CONTACTS & SHIPPING

Purchasing contact / email

Accounts payable contact / email

Billing address (if different)

Primary shipping address (if different)

Purchase orders: ☐ Email ☐ EDI ☐ Other

Invoices: ☐ AP email

☐ Other

03 ACCOUNT & PAYMENT REQUEST

Account type: ☐ Prepaid (card / ACH) ☐ Open-account credit

Requested terms: ☐ Net 30 ☐ Other

Requested credit limit ($) - credit accounts only

Estimated monthly Yuwell purchases ($)

Credit terms and limits are effective only after written approval by Yuwell.

YUWELL MEDTECH USA LLC

RESPIRATORY & DME DEALER | NEW ACCOUNT / CREDIT APPLICATION

Provide references only if applying for open-account credit. Please sign and return with supporting documents.

04 TRADE REFERENCES | OPEN-ACCOUNT CREDIT ONLY

List two to three suppliers with whom your business has an established purchasing and payment history.

Reference 1 - company name

Contact name / phone

Reference 1 - email address

Reference 2 - company name

Contact name / phone

Reference 2 - email address

Reference 3 - company name

Contact name / phone

Reference 3 - email address

05 DOCUMENTS TO INCLUDE

- ☐ IRS Form W-9
- ☐ Resale / sales-tax exemption certificate (if applicable)
- ☐ State DME license (if applicable)
- ☐ Other requested credit documentation (if applicable)

06 CERTIFICATION & CREDIT AUTHORIZATION

The undersigned certifies that the information in this application is accurate and that they are authorized to submit it on behalf of the applicant. For an open-account credit request, applicant authorizes Yuwell Medtech USA LLC to contact the listed business references and obtain commercial credit information to evaluate or review its credit account. Any credit limit or payment terms require Yuwell's written approval. Payment is due according to the terms confirmed by Yuwell on the applicable order or invoice.

Authorized representative - printed name

Title

Signature (type name or sign after printing)

Date

SUBMISSION

Return the completed application and attachments to your Yuwell sales rep and via email to:

amanda.zhang@yuwell.com