

This is your application to join as an Associate of Consult YHN. Please follow the following submission process to assure timely approval.

1. Complete each section below and read the Terms and Conditions of Sales on the reverse side.
2. Make a copy of both sides of this completed document, and return the original (not a copy), by mail or other trackable carrier (recommended).

**NEXT STEPS**

Normal processing and time to approval after receipt of your original document is from five to ten working days. **You may fax this document to 610.455.3019 as an alert to Consult YHN to expect your mailed original.**

## Hospital/University General Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Specific Billing Needs (Check all that apply)**

<input type="checkbox"/> PO # required	<input type="checkbox"/> AuD tracking required
<input type="checkbox"/> Paperless statement	<input type="checkbox"/> Medical Rec # required

Current PO # \_\_\_\_\_  
PO Expiration Date \_\_\_\_\_  
Med Rec # \_\_\_\_\_

**Contact Information For Updating PO # and Other Billing Issues**

Name/Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Preferred method of contact    Phone    Fax    E-mail

**Additional Contact Information**

Department Head Name/Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
How many audiologists do you have on staff? \_\_\_\_\_  
Audiologists' Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Order Placement Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Accounts Payable Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## Dispensing Information

How many hearing aids do you dispense annually? \_\_\_\_\_  
Which manufacturer's do your Audiologists prefer?  
\_\_\_\_\_  
\_\_\_\_\_

## Credit Line

Credit line requested \_\_\_\_\_  
Contact person regarding invoice payments (please print)  
\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

## Confidentiality

The undersigned applicant agrees that all training and promotional materials supplied by Consult YHN will be kept confidential by the applicant, and applicant will return all copies of training materials and unused supplies of promotional materials when applicant's membership terminates. Applicant further agrees not to use such materials at any time to promote or sell products or services which have not been approved by Consult YHN for its Associates.

## Purchase Agreement

The undersigned applicant hereby agrees that the Law of Pennsylvania and the terms and conditions set forth on this application for membership shall apply to all purchases by the applicant, and the under-signed agrees to be legally bound thereby.  
Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Please print name \_\_\_\_\_  
Title \_\_\_\_\_

## Important

Complete and sign the opposite side and return this document with your membership payment to:  
Consult YHN  
P.O. Box 1700, Chadds Ford, PA 19317  
Contact Consult YHN with questions at: 800.984.3272, or email us at [customercare@consultyhn.com](mailto:customercare@consultyhn.com). Visit [www.consultnavigator.com](http://www.consultnavigator.com), the on-line guide to building a more valuable hearing health care practice.

## Terms and Conditions of Sales

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### Sales

Upon approval of membership, the undersigned applicant will be eligible to purchase merchandise and services from Consult YHN. A purchase and sale transaction shall be deemed to have taken place at Consult YHN's office in Chadds Ford, Pa., when Consult YHN issues an invoice for an order placed by the associate with the manufacturer.

### Terms of Payment

Payment for all purchases of merchandise and services from Consult YHN is due with Net 60-day terms from the invoice date.

### Adjustments

Upon receipt of merchandise, the associate should examine the invoice carefully. If any entry appears to be in error, Consult YHN requests that the associate direct an inquiry to Consult YHN. Payment for undisputed items must be made by the regular due date. The associate's Consult YHN account number should be referenced in all inquiries and other communications.

### Billing Cycle

Statements are issued by Consult YHN every month for a total of 12 billing cycles in a calendar year.

### Aging

All payments and credits will be applied per the payment remittance unless otherwise noted on the account.

### Return Privilege

All Consult YHN hearing instruments may be returned for a full credit to the purchaser's account within 60 days of the invoice date. This return policy does not change the requirement that payment for merchandise and services is due on the last day of the month following the invoice date.

### Refunds

At an associate's request, Consult YHN will issue a check for the amount of any credit balance in the associate's account, except to the extent a credit balance is derived from credit for salvaged goods. If a check is not requested, credit balances will be applied to future purchases.

### Default and Remedies

Failure by the associate to make payment when due is a default. Upon the happening of such a default, all sums due from the associate shall forthwith become due and payable without further notice, and Consult YHN may proceed at once to effect collection by any available means. If Consult YHN places the associate's account in the hands of an attorney for collection, the associate shall pay a reasonable attorney's fee in addition to all other amounts due to Consult YHN from the associate. Associate hereby authorizes any attorney at law to appear for the associate in any court of record in Pennsylvania or elsewhere and confess a judgment against the associate for such amount as shall be due together with an attorney's fee 25% of the amount due. The associate hereby consents to the jurisdiction of the courts of Pennsylvania.

### Finance Charge

A finance charge of 1.5% per month will be imposed on overdue invoices. *All terms and conditions subject to change without notice.*

Visit [www.consultnavigator.com](http://www.consultnavigator.com), the on-line guide to building a more valuable hearing health care practice.