

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*: _____

Is the entity exempt from sales (and similar) taxes*? Yes No

If yes, attach a copy of the resale or exemption certificate to your email.

Audiologist or Dispenser 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

Owner*: _____ Name*: _____ Y N Y N Y N
Authorized to Order* Authorized to discuss balance due* Authorized to discuss pricing*

Best Describes Contact Role: _____ Email Address*: _____
Phone*: _____

Primary Contact*: _____ Name*: _____ Y N Y N Y N

Best Describes Contact Role: _____ Email Address*: _____
Phone*: _____

Accounts Payable Contact*: _____ Name*: _____ Y N Y N Y N

Best Describes Contact Role: _____ Email Address*: _____
Phone*: _____

_____ Email address where invoices should be sent*: _____

Other: _____ Name: _____ Y N Y N Y N

Best Describes Contact Role: _____ Email Address: _____
Phone: _____

*Required field

Form of Business:

Corporation Proprietorship Partnership LLC Other

Type of Business (Pages to Complete):

Independently Owned: Pages 1-3 ENT Clinic – Private Equity Owned: Pages 1-3 University: Pages 1-2
 ENT Clinic – Physician Owned: Pages 1-3 Private/Public Hospital: Pages 1-2

Choose one of the following that best describes your business:

New Business/Company (less than 2 years)

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)

Total number of authorized dispensers/fitters (all locations)? _____

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

If yes, provide the following:

Account Name: _____ Account Number: _____

Street Address: _____

Does your business model include sales to consumers online, without physically interacting with patients? Yes No

If yes, provide the website URL(s): _____

Anticipated monthly purchases in dollars \$: _____

Credit Information

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

Purchase Order Required: Yes No

*Phonak only. Must fill out ACH Request Form on page 4

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 (T&Cs) may be found here: <https://www.phonak.com/en-us/terms-and-conditions> or https://www.unitron.com/us/en_us/terms-and-conditions.html

Acceptance

By clicking or signing here You, on behalf of yourself and the business identified in the account application above, if any, (collectively "You") request an account with Sonova for the purpose of purchasing hearing aids and related accessories for resale to patients and You agree to the credit terms listed in the T&Cs 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 information and (if You are privately owned by one or more individual hearing care professionals) You hereby authorize Sonova to obtain your individual credit report from one or more credit reporting agencies. You represent that You have authority to execute this application on behalf of the customer business listed above. You certify that all information You have provided is true and accurate, and acknowledge that Sonova will rely on this information. Finally, You agree to the terms and conditions set forth in the application.

eSign*

Signature*: _____

Print Name*: _____

Title*: _____ Date*: _____

*Required field

Personal Guaranty

If You are opening an account as an individual owner, Sonova requires 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. If You are a sole proprietorship or an entity privately owned by one or more individual hearing care professionals, you must sign a personal guaranty.

Legal Business Name:

Doing Business As:

Street Address:

City:

State:

Zip:

Personal Guaranty:

By clicking or signing below, and in consideration of Sonova extending credit at Your request to the above listed company, the undersigned (if married, both spouses must sign) hereby personally guarantees to Sonova 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 any 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:

Automated Clearing House (ACH) Request Form

Please fill out this form if you checked Auto-ACH payment method on page 2.

Customer Information:

Customer Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

E-Mail Address: _____

Banking Information:

Customer's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone Number: _____

ABA Routing Number: _____ Account Number: _____

Account Type (please check only one): Checking Savings

Customer's Authorization:

Please sign below to confirm that you are authorizing Sonova USA Inc. to begin transferring payments for your invoices from the account mentioned above, which will occur on the 1st of the month.

Signature: _____ Title: _____

Phone Number: _____ Date: _____

Finalized: October 22, 2024

Sonova eServices Account Set-up

Account Number: _____

Sonova eServices Account Set-up

Sonova eServices is an online account management tool which allows the individual or company assigned the above Account Number (“You”) or (“I”) to place orders, review documents and check warranty status (collectively, the “Purpose”).

This functionality is automatically set up to facilitate subsequent electronic transactions upon new account creation.

Please complete the following table and return to us for access to online services:

- Phonak – email to eservices@phonakpro.com, or fax to 630-393-7400
- Unitron – email to services@unitron.com, or fax to 800-521-5400

First Name	Last Name	Email	Phone	View Financial Data	Place Orders	Manage Users
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please review the terms of use on the following pages and sign the acceptance agreement on the last page.

Sonova eServices Terms of Use

The following govern Your use of the Sonova eServices including www.phonak.com

Your Account

eServices is designed to be used only by You and any employee that You authorize to use Your account. When You register, You will be prompted to create Your on-line account and will receive a user name and password. You are responsible for maintaining the confidentiality of Your account information. By registering, You accept responsibility for all activities that occur under Your account. In the event of unauthorized use or any other misuse of Your account, You agree to notify Us as soon as practicable by e-mail or phone.

You represent to Us that the information that You provide is true, accurate, current, and complete, and agree to update Your information when appropriate. You acknowledge that We will rely upon the information that You provide to Us. The information that You provide to Us is subject to Our Privacy Policy which is available on Our website. Sonova reserves the right to cancel or terminate Your eServices account or user rights at any time.

Your Electronic Signature

You may periodically execute agreements with Us electronically either by providing an electronic signature, by selecting a box in the absence of a signature, or selecting "Submit Form." By so doing, You acknowledge and agree that You are electronically signing the document and submitting it to Sonova USA Inc. ("Sonova"). Furthermore, You agree that Your electronic signature is the legal equivalent of Your actual signature on the document, and that Sonova is relying upon the signature as Your agreement to the terms of the document. In addition, You represent that the information that You provide is true and accurate and that Sonova will rely upon the information that You provide. Finally by electronically signing a document, You agree to be legally bound by its' terms of use and further represent and warrant that, to the extent applicable, You have the authority to bind the company assigned the above Account Number to the terms of use of such documents.

Modification

We reserve the right to make changes to eServices, these terms, and other referenced policies at any time without prior notice.

Privacy

Please review our Privacy Policy to understand our privacy-related practices. You agree to the terms of the Privacy Policy.

Address

To make purchases on eServices, You must have an active account and a shipping address in the United States.

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Other Transaction Terms

Credit terms, shipping, handling, returns, payment, and warranty, among other terms, are all addressed in Your Account Application, the Phonak Price and Reference Guide, and/or another agreement between us. Those terms apply to any eServices transaction.

Export

The U.S. export control laws regulate the export and re-export of technology originating in the United States. This includes the electronic transmission of information and software to foreign countries and to certain foreign nationals. You agree to abide by these laws and their regulations — including but not limited to the Export Administration Act and the Arms Export Control Act — and not to transfer, by electronic transmission or otherwise, any content derived from eServices to either a foreign national or a foreign destination in violation of such laws.

Consent to Electronic Communications

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Acceptance

Click here for electronic signature (preferred) or print and sign below.

By clicking here, I agree to the terms herein and authorize Sonova to open an eServices account, allowing online access to business information including but not limited to product ordering and financial information. I represent that I have authority to execute this on behalf of the entity identified above, whether or not fictitious. 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 of use for providing eServices.

Signature:

Print Name:

Date:
