Terms of the Agreement

1. I acknowledge I am not an agent, employee or legal representative of OcuSci Inc. ("OSI").
2. I acknowledge receipt of the OSI "Healthcare Provider Disclosure Statement" below for the purpose of informing and advising my patients of my financial interest in the OSI program, if applicable. I acknowledge that if I elect
3. to use an alternate form, it will comply with applicable laws and regulations, as well as the substance and intent of the Healthcare Provider Disclosure Statement.
4. I acknowledge that OSI and its affiliates have certain patents, tradenames, trademarks and copyrighted materials concerning these companies and their products. Any unauthorized use
5. or duplication of same could be a violation of federal and international laws.
6. I will not make any false or misleading statements about OSI, its affiliates, its products or its services.
7. I hereby authorize OSI to process my patients' orders of OSI products or products from any affiliate of OSI, to collect for such products and to ship such products to the
8. I understand that I may obtain products from OSI and sell directly to my patients, or I may refer my patients to OSI
9. to purchase products and have OSI disburse a consulting fee as specified on the first page.
10. I certify that the social security or federal tax ID number listed is correct.
11. I understand that it is my responsibility to comply with all applicable laws and regulations regarding the sale or recommendation of products to patients.
12. I agree to abide by all of the terms and conditions of the OSI policies and procedures as amended from time to time.
13. J. OSI agrees to promptly pay all monies due in accordance with its customary practice. OSI agrees to provide the above services to my patients and me in a courteous and professional manner and to timely pay any and all credits due me for my sales of OSI products to my patients.
14. K. This agreement is governed by the laws of the State of California.

Payment Terms

- Payment is due at the time of ordering.
- Established accounts may qualify for payments of net 30 days after the invoice date.
- 1.5% (18%) monthly finance charge will be applied to past due balances.
- A 20% restocking fee will be applied to items returned after 30 days from date of invoice.
- No returns or exchanges can be honored after 90 days of shipment to customer.
- Consulting Fees will be paid quarterly.

Healthcare Provider Disclosure

To My Patients. An integral part of conducting our professional practice includes dispensing or recommending products to our patients. Our goal is to help our patients obtain the most effective products and best health care possible.

Please be informed that we may have a financial interest in or receive compensation for such activities. These products are not prescription drugs and you may choose other over-the-counter products.

Physician Registration

Please complete form and fax to 1-888-809-6424

Name of Physician (Last, First, **MI**): ►	**Name of Practice**: ►
Medical Specialty: ►	**Federal Tax ID Number** (or Social Security Number): ►
Mailing Address: ►	**City, State, Zip:** ►
Shipping Address (If different from mailing address): ►	**City, State, Zip:** ►
Physician's Phone: ►	**Fax (required):** ►
E-Mail Address (required): ►	**Web Site Address:** ►
Office Phone: ►	**Office Contact Person:** ►
How did you hear about OcuSci Inc? ►	**Product(s) Most Interested In:** ►
Interested In: ☐ **Dispensing** ☐ **Referring** ☐ **Dispensing & Referring**	

Distribution of Consulting Fees
I hereby designate the Consulting Fee from product sales to be distributed to:

☐ **The physician at the address listed above**

☐ **American Blindness Council a 503CB non-profit (ABC.org)**

☐ **My favorite charitable or nonprofit organization (please** specify):

Name:

Address:

City, State, Zip: Phone:

☐ **I do not wish to receive the distribution of proceeds**

By signing below, I acknowledge that I have read and agree to all terms and conditions in this document (see p.2 **/ reverse):**

►

Physician Signature **Date:**

Internal Use Only

Notes:

Sales Representative: