



The Newton Group, Inc.
 623 North 19th Avenue East
 P.O. Box 900
 Newton, IA 50208

www.newtonpro.com
Newton Membership Application
 Updated 2024

Business Name: _____ Business Phone: _____

Address: _____ Business Fax: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Web Address: _____

TYPE OF BUSINESS: Corporation Partnership Sole Proprietorship Limited Liability Company (LLC)

State of incorporation or partnership: _____ Date business started: _____

Federal Tax I.D. Number: _____ Sales Tax License #: _____

Tax Exempt (Iowa or Missouri only): Yes No (If yes, please include Tax Exempt Certificate)

EHR/EMR SYSTEM: _____

In a Doctor Group: No Yes (If Yes, which Doctor Group): _____

List All Doctors, corporate officers, or partners and titles (list others on a separate page if needed):

Name: _____ Title: _____

Name: _____ Title: _____

Individuals to contact:

Purchasing: _____ Payables: _____

Billing Address (if different from above): _____

Estimated monthly purchases: \$ _____

THE NEWTON GROUP, INC.'S TERMS

- There is no obligation to purchase from any company through The Newton Group, Inc.
- I/We may terminate our group membership with a written notice but shall remain liable for any purchases made through our account prior to the notification.
- Statements will be mailed out or available online no later than the 10th of the month. The payment must be received in full by the 20th of the month to receive the discounts on the statement. No discounts can be allowed for payments received later than the 20th of the month without Newton's consent.
- I/We agree that no payments to The Newton Group, Inc. will have deductions for future offsets without Newton's consent.
- I/We agree that any outstanding balances that remain for a previous billing cycle at the close of the current billing cycle will be subject to late charges of 18% APR, calculated daily, with a minimum late charge of \$10.00.
- I/We understand that The Newton Group shall retain 4% of monthly gross purchases as an administrative fee.
- I/We understand that location "ship-to" numbers will be set up for my/our office and that all purchases, returns and credits billed to these numbers shall be my/our total responsibility. It is understood that any use of a ship-to account to The Newton Group acknowledges these terms and binds the member to them. No other person or office shall be authorized to utilize our ship-to numbers.
- I/We understand that any purchases or claims for defective or damaged merchandise billed under these terms shall be subject to the restrictions of the supplier of merchandise or laboratory and the member agrees to hold The Newton Group harmless and indemnify them against all liability claims as a result of purchases made through our accounts including reasonable attorney fees.
- The Newton Group reserves the right to close any or all of my/our "ship-to" group numbers. This shall not affect any balances due or discounts earned prior to closure.
- Accounts not paid in full by the 5th day of the first month following the statement date may be placed on credit hold and no further shipments will be made until the account is brought to a current status. In order to reopen my/our "ship-to" accounts, an advance fee, auto payment or an open letter of credit may be required.
- I/We agree to secure, from a bank of our choice, a letter of credit in the amount as specified by The Newton Group. This condition may be waived by The Newton Group if the member furnishes The Newton Group with appropriate credit information, and if the credit of member appears satisfactory to Newton. The Newton Group may require such a letter of credit for any reason at any time.
- In the event of a change of ownership, I/We are required to send written notification to close my/our account so that new owner(s) may apply for membership. Non-compliance of will result in my/our being responsible for any charges made to my account after the date of transfer.**
- The Newton Group reserves the right to change or cancel these terms with 30 days written notice delivered to address on the application.
- In the event that I/We default on any of the terms and conditions contained in this agreement, I/We agree to pay for all costs incurred in extracting performance, including court costs and reasonable attorney fees as well as interest on the past due amounts, calculated at the maximum legal rate. I/We also agree to submit itself to the jurisdiction of the State of Iowa and its laws and statutes should legal steps be taken to collect any amounts due under the terms and conditions of this agreement.
- Each member of proprietorship, partnership or corporation shall abide by the terms and conditions of this agreement and by signing below shall personally guarantee payment of all charges billed by The Newton Group. These terms shall be governed by the laws of the state of Iowa and shall not be modified or altered without the written permission of The Newton Group, Inc.
- By signing below, as a member, I/we authorize the distribution of the business' mailing address to the buying group suppliers for the purpose of product information and sale opportunities.
- Upon signing this application, I authorize The Newton Group, Inc. to obtain a written or oral report from any credit reporting agency needed to process this application.

Please Note: Whether your practice is proprietorship, partnership or corporation, please have all principal owners sign below.

PRINCIPAL OWNER'S SIGNATURE (First and Last only)		PRINCIPAL OWNER'S SIGNATURE (First and Last only)	
_____ Print Name of Principal Owner		_____ Print Name of Principal Owner	
_____ Home Address		_____ Home Address	
_____ Social Security #	_____ Date	_____ Social Security #	_____ Date