



ACCOUNT UPDATE/SET UP FORM

BILL TO INFORMATION

Facility Name: _____

Bill To Address: _____

City: _____ State: _____ ZIP Code: _____

Facility Type: (Circle One) Physician ASC Hospital Group Government/VA Other: _____

SHIP TO INFORMATION

Ship To Address: (If Different From Bill To Address): _____

City: _____ State: _____ ZIP Code: _____

Do You Have A Shipping Preference: (Circle One) UPS FedEx DHL US Mail

PAYMENT (ACCOUNTS PAYABLE-A/P) INFORMATION

Person(s) Responsible For Payment Inquiries: _____

Telephone #: _____ Fax #: _____

Email: _____

Best Method Of Contact (Circle One): Telephone Fax E-mail Time of Day (Circle One) AM PM

Purchase Orders Required For Your Facility (circle one) Yes No Over What Amount? (Fill In): \$ _____

Federal ID #: _____ Tax Exempt Certificate #: _____

FAX APPROPRIATE DOCUMENTS

Estimated Annual Purchases: \$ _____ .00

IF REQUESTED FAX REFERENCES AND BANK INFORMATION WITH THIS FORM

PLEASE FILL OUT BELOW THE PAYMENT METHOD FOR YOUR ACCOUNT

CREDIT CARD PAYMENT		TERMS & CONDITIONS OF ACCOUNT
Type of Card: (Circle One) AMEX Visa Master Card	Cardholder's Name: _____	All invoices are payable 30 days from date of invoice. We accept VISA, MasterCard, American Express, Check and Wire Transfer. Please refer to our website www.crestpointmgt.com for terms and conditions, or contact Accounts Payable (314) 849-7773.
Card #:	Corporation Name: _____	
Expiration Date: / /	Security Code: _____ <small>(Visa and Master Card 3 digits Located on back. Amex 4 digits located on front.)</small>	
As the credit card holder, I also authorize Crestpoint Management to run my credit card upon orders shipping against this account. Name: _____ Title: _____ Date: / /10		I hereby certify that the information provided by me is true and accurate and have authority to set up an account for facility listed above. Name: _____ Title: _____ Date: / /10

GENERAL INFORMATION

WE APPRECIATE IF YOU COMPLETE THIS SECTION, IT HELPS TO BETTER SERVE YOUR FACILITY

Person To Contact About Products: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) CRESTPOINT MANAGEMENT LTD	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 9100 WATSON RD SUITE 100	Requester's name and address (optional)
City, state, and ZIP code ST LOUIS MO 63126-2241		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number : : :
OR
Employer identification number 26 : 1375188

Part II Certification

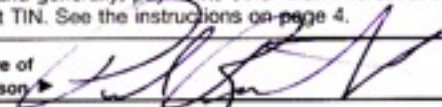
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶



Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,