

CREDIT APPLICATION GUIDELINES

In order to facilitate and quicken the credit approval process please carefully read the following guidelines.

- (1) All credit inquiries are done via fax. Please include the fax numbers of all credit references given.
- (2) Please include references that are part of the medical surgical supply industry.
- (3) Please do not list Invacare, Pride Mobility and/or Sunrise Medical as credit references. Unfortunately they do not reply to credit inquiries.
- (4) Contact your bank representative to allow us to inquire about your past banking history.
- (5) Dun & Bradstreet is our credit information source. If you are not registered with Dun & Bradstreet please include a current income statement and balance sheet with your credit application.
- (6) If you are a sole proprietor or newly formed business, it is imperative that you contact all references and your bank to authorize our credit inquiries. Also send any current financial statements if available.
- (7) All credit applications must be accompanied with a fully completed Terms & Conditions form. If your company is incorporated, the signatures of two separate and distinct officers are required. If there is only one officer in your company, please indicate on the Terms & Conditions form that the signee is the only officer of your company.
- (8) A Resale Identification number is required to avoid incurring charges for state sales tax. If this cannot be provided, the appropriate state sales tax rate will be charged to your order(s).

Please be advised that failure to adhere to the following guidelines may result in the disapproval of your credit application.

Credit Application

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Ph: _____ Fax: _____

Email Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Type of Business (Circle one): Corporation Partnership Sole Proprietor

Brief Description: _____ Resale ID#: _____ (Required)

Year Business Established: _____ At present location since: _____

Person to contact: _____ Title: _____

References:

Name of Bank: _____

Bank Address: _____

Account #: _____ Phone #: () _____

List Three Suppliers With Whom You Are On Open Account Status:

Company Name: _____ Fax #: _____ (Required)

Address: _____ Acct# _____

Company Name: _____ Fax #: _____ (Required)

Address: _____ Acct# _____

Company Name: _____ Fax #: _____ (Required)

Address: _____ Acct# _____

How did you hear about us? _____