

**DEALER CREDIT APPLICATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Years Established: \_\_\_\_\_ Years at Address: \_\_\_\_\_  
 Bill to address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OWNERSHIP**

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_  
 Principle Owners or Stockholders:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PURCHASING INFORMATION**

We will be using a \_\_\_\_\_ Standing PO# \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 \_\_\_\_\_ Contract # \_\_\_\_\_

**FINANCIAL INFORMATION - BANK**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Acct# \_\_\_\_\_  
 Note: Please sign here authorizing your bank to release information on your account.  
 Signature: \_\_\_\_\_  
 Title \_\_\_\_\_

**TRADE INFORMATION** – Please provide (3) complete references including account numbers.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact: \_\_\_\_\_ Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Credit Amount Requested  
 \_\_\_\_\_ Check here if COD sales are acceptable until credit is approved.

Note: If account is approved to purchase on open account, all purchases will be billed on Net 30 terms, unless otherwise stated. The company or persons applying with this form certify that all the information is correct and that they understand FUTURE MOBILITY HEALTHCARE INC reserves the right to withdraw credit privileges at anytime.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**CREDIT DEPARTMENT USE**

References checked by \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_  
 Credit Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_