PaceSaver® / Leisure-Lift®

800-255-0285 • AR@leisure-lift.com
Fax 913-722-2614 • 800-862-8782

Dealership Application

Please complete and return to:
Leisure-Lift, Inc.
1800 Merriam Lane
Kansas City, KS 66106

CHECK ONE	CHECK ONE
❐ Please expedite & call, order pending	❐ Dealer
❐ Normal processing, for future use	❐ Service Only

Company Name ____________________________ DBA ______________________________________

Bill to address ________________________________ Ship to address ______________________________

City, State, Zip ______________________________ City, State, Zip ______________________________

Phone # ______- ________________________________ Fax # ______ - ______________________________

Email address ____________________________________ Purchasing contact __________________________

Ownership: Corporation ❐ Partnership ❐ Sole Proprietorship ❐ Years in business _______

Federal ID # _______________________________

Principal Information	Accounts Payable Contact
Name: ____	Name: ____
Home Address: _____________________________	Home Address: _______________________________
City: ___________________________ State: ________	City: ___________________________ State: ________
Zip: __________ Social Security: ____________________	Zip: __________ E-Mail: __________________

I certify that (Co.) ____ is engaged in the full time sales or rental of durable medical equipment and/or mobility aids having

1.) published retail outlet,
2.) facilities to provide service and
3.) proper insurance

Which of the following describes your company (check all that apply)

( ) Medical Equipment Center ( ) Pharmacy with DME Rental/Sales
( ) Mobility Center ( ) Other ___________________________________

Are you a member of a buying Group? ❐ Yes ❐ No If yes, which group? __________________________

The state of Kansas requires us to have on file a copy of your sales tax exemption certificate in order for us not to charge tax on your purchases. **Applications will not be processed without Tax Exempt on file. Please provide a copy of it when you return this form.**

STATE SALES TAX EXEMPTION NO. _____________________________

(OVER)

Bank Reference____ Account #____________________

Address____ Phone#______________________

City, State, Zip______________________Contact_________________ **Fax #**______________________

Trade References

Fax numbers and Acct # required to expedite approval process. You must list at least 3

<u>Invacare, McKesson, & Sunrise</u> WILL NOT respond, please choose another.

Company Name____Account #____________________

Phone #__________________________________ **Fax #**_____________________________________

Company Name____Account #____________________

Phone #__________________________________ **Fax #**_____________________________________

Company Name____Account #____________________

Phone #__________________________________ **Fax #**_____________________________________

Company Name____Account #____________________

Phone #__________________________________ **Fax #**_____________________________________

I hereby authorize the release of information on all references listed including bank references which will be held in the strictest confidence. The information in this application is true to the best of my knowledge.

<u>I agree to pay for all purchases in accordance with Leisure-Lift & its parent company current Terms & Conditions.</u> If I do not, I agree to pay interest computed at 1 3/4% per month (21% annually) on any unpaid balances and, should it become necessary to incur collection costs, I will be liable for additional collection costs (including attorneys fees). I also agree to pay restocking fees up to 25% for goods accepted by Leisure-Lift for return. Custom parts cannot be returned.

The signed individual(s), who is either principal, sole proprietor or personal guarantor on the credit application recognizes that his or her personal credit history may be a factor in the evaluation of the credit history of the applicant or in the evaluation of his or her personal guaranty and hereby consents to, authorizes the use of, a consumer credit report on the signed individual(s) by the named credit grantor. Application must be signed by owner or principal of company.

Print Name:____

Signature:____

Capacity:____

Date:______________________________