

We MUST have a signed App on file to sell to any company! See Note re: References pg. 2

CHECK ONE	CHECK ONE
<input type="checkbox"/> Please expedite & call, order pending <input type="checkbox"/> Normal processing, for future use	<input type="checkbox"/> Dealer <input type="checkbox"/> 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 <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> 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

Invacare, McKesson, Drive & Sunrise WILL NOT respond, Cannot process App using these.

Pride, Golden Tech, Motion Concepts, Permobil, Merits & other mobility companies are excellent Sources

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.

I agree to pay for all purchases in accordance with Leisure-Lift & its parent company current Terms & Conditions. 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: _____