



**MAIN BRANCH INFORMATION:**

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov. / State: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Company Website Address: \_\_\_\_\_  
Buying Group Affiliation: \_\_\_\_\_ **Federal Tax ID#** \_\_\_\_\_

**\* For Dealers in the USA, please attach your Sale and Re-sale Certificate with your Credit Application.**

**SHIPPING LOCATION #1:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Prov. / State: \_\_\_\_\_  
Postal / ZIP code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_

**SHIPPING LOCATION #2 (Attach list)**

Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Prov. / State: \_\_\_\_\_  
Postal / Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_

**LIST OF KEY PERSONNEL:**

Owner: _____	Cell #: _____	Email: _____
Sales Mgr: _____	Cell #: _____	Email: _____
Sales Rep: _____	Cell #: _____	Email: _____
Sales Rep: _____	Cell #: _____	Email: _____
Sales Rep: _____	Cell #: _____	Email: _____
Sales Rep: _____	Cell #: _____	Email: _____
Sales Rep: _____	Cell #: _____	Email: _____
Service Mgr: _____	Cell #: _____	Email: _____
A/P Agent: _____	Cell #: _____	Email: _____



**COMPANY PROFILE:**

Corporation:  Partnership:  Proprietorship:  Other:

**Principals or Officers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Sales Reps (ATP's): \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**\*\*\*\*\* This section must be completed \*\*\*\*\***

**PURCHASING INFORMATION:**

What manufacturers are you currently using as your main source for complex power wheelchairs, and why? \_\_\_\_\_

What is the percentage of your business that is devoted to Complex Rehab? \_\_\_\_\_

What are your monthly average sales for Complex power wheelchairs (units): \_\_\_\_\_

Estimated yearly Sales of Complex power wheelchairs (\$) \_\_\_\_\_

How many units are you willing to switch over to Amysystems per month? \_\_\_\_\_

What can you tell us about your Dealer? \_\_\_\_\_

**CONDITIONS UNDER WHICH CREDIT ACCOUNT IS GRANTED:**

- 1- Dealer shall conduct all business dealings with AmySystems as well as their customers in a fair and ethical manner.
- 2- Dealer agrees to provide support for AmySystems products in the field including pre-sales promotion, direct customer support and after sale follow-up service when necessary. This would include product warranty service.
- 3- Dealer is required to keep their account in good standing within the terms they were awarded.
- 4- Minimum annual purchases of 10,000 \$ dealer net are required to retain dealer credit account status.
- 5- Dealer must comply with all rules and regulations set forth by AmySystems in any documents governing AmySystems' business dealings with its customers.
- 6- Conditions subject to change at AmySystems' discretion with written notice.



**BANK REFERENCES:**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_

**CREDIT REFERENCES:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

By signing this application for credit, Dealer understands and agrees to the following:

- If an open line of credit is approved, Dealer understands that Dealer will be assigned trade credit terms. Dealer agrees to pay its account within these terms.
- Dealer understands that AmySystems reserves the right to hold orders prior to release for manufacture as well as any pending shipments if invoices are not paid within terms.
- Dealer understands that AmySystems also reserves the right to discontinue secondary discounts (if any) allowed if credit terms are not met and/or minimum order requirements are not met.

**DEALER SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT DEPARTMENT APPROVAL:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED DISCOUNT:** \_\_\_\_\_ **APPROVED TERMS:** \_\_\_\_\_

**SALES APPROVAL FOR DISCOUNT AND TERMS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_