



201 Growth Parkway
 Angola, IN 46703
 260-665-2769
iim@mobility-usa.com

Credit Application

General Information

Company Name _____

Physical Address _____

Mailing Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Telephone No. _____ Fax No. _____

Key Personnel

President/Owner _____ Ext. _____ E-mail _____

Purchasing _____ Ext. _____ E-mail _____

Accounts Payable _____ Ext. _____ E-mail _____

Company Profile

Corporation Partnership Proprietorship Other _____

Estimated Annual Sales of DME Equipment \$ _____

Number of Employees _____ Number of Sales Reps _____

Average number of days to pay _____ (Terms of invoices being paid _____)

Have you been turned over to collection agency in the last year yes no

I agree the secondary discount is waived if invoice(s) not paid by due date yes no

If turned over to collection, I will pay the collection and attorney fees yes no

Provide copy of sales tax exemption certificate

Clientele Profile

Rehab	_____ %
Homecare	_____ %
Institutional	_____ %
Rental	_____ %
Service/Parts	_____ %
	<u>100%</u>

Bank Reference

Name _____

Branch _____

Address _____

City _____

State/Prov. _____ Zip/Postal Code _____

Telephone No. _____

Contact Name _____

Credit References

Company	_____		
Contact Name	_____	Telephone No.	_____
Contact E-mail	_____	Contact Fax No.	_____
Company	_____		
Contact Name	_____	Telephone No.	_____
Contact E-mail	_____	Contact Fax No.	_____
Company	_____		
Contact Name	_____	Telephone No.	_____
Contact E-mail	_____	Contact Fax No.	_____

Personal Guarantee for Corporate Account

The undersigned does hereby personally guarantee payment on demand for the liabilities of:

Company Name _____

Address _____

City/State (Prov)/Zip (Postal Code) _____

I agree to pay the total amount invoiced plus the amount of the prompt pay discount (Past Due Total), plus the cost of collection for all unpaid balances.

Print Name _____

Signature _____

Cell Phone No. _____

Date _____

Print Name _____ Date _____

Signature _____ Title _____