

DEALER / CREDIT APPLICATION

Please type or print legibly. Supplemental information may be attached, but this form must be signed

Trade name: _____

Legal name: _____

Tax ID#: _____

Street address: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Fax: _____

E-mail: _____

Type of business: _____ Years in Business: _____

Annual Sales: _____ Number of Employees: _____

Ownership _____ corporation _____ sole proprietor _____ partnership

*(check one):*Officers namesTitles

Accounts payable information:

Contact name: _____

Phone #: _____ Fax: _____

Email: _____

Billing address (if different from above): _____

Are purchase orders required? Yes No

Authorized purchasers:

Name	Email	Cell Phone
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_____	_____	_____
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_____	_____	_____
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Trade references (please list 3 trade references, which will give information)

Name: _____

Account number: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Fax: _____

Name: _____

Account number: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Fax: _____

Name: _____

Account number: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Fax: _____

All invoices are payable net 30, and are subject to a 1.5% monthly late charge on past due balances. In the event an account must be placed for collection, it will be the debtor's responsibility to pay all collections fees as well as legal fees incurred.

Factory Direct Medical appreciates your interest in our products.

Signature of Officer or Owner

Title

Date

By signing this application, you agree to all terms and conditions as set forth in our credit policy (attached) and authorize the release of information from listed references.

PHARMACY AGREEMENT AND DECLARATION:

Pharmacies who wish to become dealers of Factory Direct Medical also agree to the following.

Factory Direct Medical
(hereinafter referred to as the "Seller")

- and -

(hereinafter referred to as the "Dealer")

In consideration of the Dealer being able to purchase goods from the Seller, the Dealer hereby declares and agrees that it already sells or already intends to sell home healthcare medical equipment.

Home Healthcare medical equipment includes but not limited to:

- a. Patient aids
- b. Bathroom safety products
- c. Mobility aids
- d. Lift chairs
- e. Compression stockings
- f. Electrotherapy
- g. Massage products
- h. PPE Items