

Dealership Application and Agreement For Credit Terms

Date: _____

Company Name: _____

Billing Address: _____

City / State: _____ Zip Code: _____

Phone _____ Fax _____

Company Contact:

Contact Email:

Proprietorship/LLC Partnership Corporation

How Long in Business _____

Sales Tax Exemption Number _____

Bank Reference: Name _____

Address _____

City / State: _____ Zip Code: _____

Phone _____

Same As BILL To Address:

Ship To Address: _____

City / State: _____ Zip Code: _____

Phone _____ Fax _____

Buying Group Account # _____

USRehab MED Group MED Rehab Network



If applicant is a CORPORATION, complete the following

Name of Corporation _____	
President _____	Secretary _____
Address _____	Address _____
City / State: _____ Zip Code: _____	City / State: _____ Zip Code: _____

If applicant is a PROPRIETORSHIP, LLC or PARTNERSHIP, complete the following

Name _____	Name _____
Address _____	Address _____
City / State: _____ Zip Code: _____	City / State: _____ Zip Code: _____
Spouses Name _____	Spouses Name _____
Residence Phone _____	Residence Phone _____

Trade References (please provide information for 2 complex rehab suppliers.)

Name _____	Name _____
Phone _____ Fax _____	Phone _____ Fax _____
Address _____	Address _____
City / State: _____ Zip Code: _____	City / State: _____ Zip Code: _____

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If applicant is a CORPORATION, complete the following

Representations and Warranties. This applicant represents and warrants that the foregoing information is true and accurate.

Payment. In consideration of the above-referred creditor extending credit to the applicant and other good and valuable considerations, The sufficiency of which is hereby acknowledged, the applicant agrees that all charges shall be satisfied, a service charge (delinquency fee) of 2% per month, or the maximum rate allowed by law, whichever is greater, shall be added to the amount due as well as all costs of collection, including attorney's fees and court costs, whether suit is brought or not.

Name of Corporation _____

Entered into agreement this _____ Day Of _____ , 20 _____

_____ Secretary Signature _____ President Signature

If applicant is a PARTNERSHIP OR PROPRIETORSHIP, complete the following

PERSONAL GUARANTEE

To induce the above-referred creditor to extend credit to the applicant and in consideration thereof, the undersigned, jointly and severally, hereby personally guarantee the prompt payment when due of any indebtedness which may, at any time and from time to time, be incurred by the applicant to the above-referred creditor, its successors and assigns. In the event of any default at any time, the above-referred creditor shall be entitled to immediately look to us, jointly and severally, for such payment, including the payment of any service charges (delinquency fees), attorney's fees and court costs that may be incurred, without first making demand upon, giving notice to, or proceeding against the applicant.

This guarantee shall continue in force and effect until the above-referred creditor receives written notice of revocation by the undersigned guarantors. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction or commitment previously undertaken by the above-referred creditor.

Entered into agreement this _____ Day Of _____ , 20 _____

_____ Partner Signature _____ Spouse Signature

_____ Partner Signature _____ Spouse Signature

_____ Sole-Proprietor Signature _____ Sole-Proprietor Spouses Signature