

## DEALER APPLICATION/REQUEST FOR CREDIT

DEALER NAME \_\_\_\_\_ NAME OF DEALER CONTACT \_\_\_\_\_

DEALER'S STREET ADDRESS \_\_\_\_\_ TITLE OF DEALER CONTACT \_\_\_\_\_

DEALER'S CITY, STATE AND ZIP CODE \_\_\_\_\_ E-MAIL ADDRESS OF DEALER CONTACT \_\_\_\_\_

DEALER'S TELEPHONE NUMBER \_\_\_\_\_ DIRECT TELEPHONE NUMBER OF DEALER CONTACT \_\_\_\_\_

DEALER'S FAX NUMBER \_\_\_\_\_ DEALER'S BUSINESS COMMENCEMENT DATE \_\_\_\_\_

CORPORATION \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ OTHER: \_\_\_\_\_

DEALER'S PURCHASING GROUP AFFILIATIONS \_\_\_\_\_

DEALER'S FEDERAL TAX I.D. NUMBER OR SOCIAL SECURITY NUMBER \_\_\_\_\_

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BANK REFERENCE:

NAME OF BANK \_\_\_\_\_ NAME OF CONTACT PERSON AT BANK \_\_\_\_\_

BANK TELEPHONE NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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CREDIT REFERENCE:

NAME OF CREDITOR \_\_\_\_\_ NAME OF CONTACT PERSON AT CREDITOR \_\_\_\_\_

CREDITOR TELEPHONE NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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AMOUNT OF CREDIT REQUESTED: \$ \_\_\_\_\_

**THE PROSPECTIVE DEALER IS APPLYING FOR CREDIT FROM REHAB IDEAS – WHEELCHAIR PRODUCTS AND ACCESSORIES TWO, L.L.C. (THE “COMPANY”). THE UNDERSIGNED REPRESENTS THAT HE/SHE IS AUTHORIZED TO APPLY FOR SUCH CREDIT ON BEHALF OF THE PROSPECTIVE DEALER. THE PROSPECTIVE DEALER CONSENTS TO THE COMPANY OBTAINING A CREDIT REPORT AND DISCUSSING THE PROSPECTIVE DEALER’S CREDIT-WORTHINESS WITH THE ABOVE-LISTED REFERENCES. THE COMPANY IS AN EQUAL OPPORTUNITY PROVIDER OF CREDIT.**

COMPANY \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED \_\_\_\_\_ ACCOUNT NUMBER ASSIGNED \_\_\_\_\_