



Dealer Application Form

HealthCraft Products Inc., 2790 Fenton Road, Ottawa, Ontario K1T 3T7

Toll Free: (888) 619-9992 **Tel:** (613) 822-1885 **Fax:** (613) 822-1886

Web: www.healthcraftproducts.com **E-mail:** info@healthcraftproducts.com

Follow HealthCraft on Facebook: www.facebook.com/healthcraftproducts

Thank you for your dealer application.

HealthCraft will only process a dealer application for terms when an order is placed.

When an order is received, a dealer application will require 5-7 business days to process from the order date.

Should you require product immediately, an order can be processed on a prepay basis with a Visa or MasterCard credit card.

APPLICATION REQUEST

Net 30

Prepay

ACCOUNT PROCESSING PRIORITY

I have an order. Please see attached.

I have an immediate order to place.

A sales representative will be in touch with you shortly to assist you with your order.

I do not have an immediate order to place.

Inactive applications will expire after 6 months, at which time an updated application will be required.

NOTE: INCOMPLETE DEALER APPLICATIONS WILL NOT BE PROCESSED



Dealer Application Form

HealthCraft Products Inc., 2790 Fenton Road, Ottawa, Ontario K1T 3T7
Toll Free: (888) 619-9992 **Tel:** (613) 822-1885 **Fax:** (613) 822-1886
Web: www.healthcraftproducts.com **E-mail:** info@healthcraftproducts.com
Follow HealthCraft on Facebook: www.facebook.com/healthcraftproducts

BUSINESS INFORMATION

Business Name:			
Trading Name: (if different)			
Street Address: (Billing Address)			
State/Province: (Billing Address)		Zip Code/Postal Code: (Billing Address)	
Street Address: (Shipping Address)			
State/Province: (Shipping Address)		Zip Code/Postal Code: (Shipping Address)	
Phone Number:		Federal Tax ID: (USA ONLY)	
Fax Number:		Number of Locations: (Please attach a list of locations)	
Website:			

ACCOUNT CONTACT INFORMATION

A/P Contact:			
Phone Number:		Fax Number:	
Email Address:		Email Consent:	YES NO
Paperless Billing: Sign up for HealthCraft's paperless billing program today and receive all of your invoices and statements through your email.			
A/P Email Address: (if different)			
Do you wish to receive Account Statements:	No	Yes	Bi-Monthly Monthly
Purchasing Contact:			
Phone Number:		Fax Number:	
Email Address:		Email Consent:	YES NO
Sales Contact:			
Phone Number:		Fax Number:	
Email Address:		Email Consent:	YES NO

NOTE: INCOMPLETE DEALER APPLICATIONS WILL NOT BE PROCESSED



Dealer Application Form

HealthCraft Products Inc., 2790 Fenton Road, Ottawa, Ontario K1T 3T7
Toll Free: (888) 619-9992 **Tel:** (613) 822-1885 **Fax:** (613) 822-1886
Web: www.healthcraftproducts.com **E-mail:** info@healthcraftproducts.com
Follow HealthCraft on Facebook: www.facebook.com/healthcraftproducts

FINANCIAL INFORMATION

Name of Primary Financial Institution			
Address:		Phone:	
Date Business Established (mm/yyyy)		Business Structure: <i>(Corp./Partnership/Other)</i>	
Business Account No.:		Branch Transit:	
Name and Title of Owner(s) / Partner(s):			
<p>Has the business ever been a party to any claim or lawsuit, currently owe back taxes, been in receivership or declared bankruptcy? If yes, please provide date, details and contact information below:</p>			

TRADE REFERENCES

The following companies do not provide references: Invacare, Medline, Sunrise Medical, Crown Therapeutics. Where possible, **DO NOT** provide Toll-Free numbers (USA toll-free numbers often do not work from Canada). We require at least **THREE REFERENCES** where you have credit established (not prepay accounts).

Company:		Account Number:	
Contact:		Title:	
Email Address:		Phone Number:	
		Fax Number:	
Company:		Account Number:	
Contact:		Title:	
Email Address:		Phone Number:	
		Fax Number:	
Company:		Account Number:	
Contact:		Title:	
Email Address:		Phone Number:	
		Fax Number:	

NOTE: INCOMPLETE DEALER APPLICATIONS WILL NOT BE PROCESSED



Dealer Application Form

HealthCraft Products Inc., 2790 Fenton Road, Ottawa, Ontario K1T 3T7

Toll Free: (888) 619-9992 **Tel:** (613) 822-1885 **Fax:** (613) 822-1886

Web: www.healthcraftproducts.com **E-mail:** info@healthcraftproducts.com

Follow HealthCraft on Facebook: www.facebook.com/healthcraftproducts

AGREEMENT AND SIGNATURES

As a valued client, we welcome the opportunity to open an account for you. We strive to give our customers outstanding products while delivering the best possible service. It typically takes 5-7 business days to process an application, however, some suppliers will respond only in writing which may delay the approval of some applications. We ask that the dealer application be completed in its entirety.

INCOMPLETE DEALER APPLICATIONS CANNOT BE PROCESSED.

THE CUSTOMER UNDERSTANDS AND AGREES TO THE FOLLOWING TERMS & CONDITIONS:

- a. All accounts are due and payable according to the terms stated on each invoice.
- b. Customers not applying for credit must make payment in full before products or services are delivered.
- c. Before a credit card transaction can be processed, you must complete and return a Credit Card Authorization form. Customer Service will provide that authorization form.
- d. Interest will be charged on past due accounts at the rate of 1.5% per month.
- e. NSF cheques will be subject to a \$25.00 charge.
- f. HealthCraft Products Inc. reserves the right to establish credit limits and/or put an account on prepay. Failure to comply with terms and conditions may result in cancellation of credit privileges and services without further notice.
- g. *If no orders have been placed within 6 months of dealer application processing, the application will be considered expired and a new application will be required.*
- h. The customer consents to the obtaining of credit and/or personal information as may be required in connection with the credit hereby applied for, any renewal or extension thereof, and to the disclosure of any trade information concerning the customer to any credit reporting agency or to any person with whom the customer has or proposes to have financial relations.
- i. The information given in this Agreement is warranted to be true and correct.
- j. This agreement must be signed by an authorized signing officer of the company.

Name: _____

Title: _____

Signature: _____

Date: _____

All information will be held in the strictest confidence. Thank you for your interest in HealthCraft Products Inc.