



**DEALER CREDIT APPLICATION**

Future Mobility Products Inc. Dealer Credit Application Form

**OWNERSHIP**

Company Name			
Business Name:		Phone:	
Ship to Address:		City:	
Fax:		State:	
Contact:		Zip Code:	P.O.#
Bill to Address:		City:	
Fax:		State:	
Phone:		Zip Code:	

**OWNERSHIP**

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Principle Owners or Stockholders:

NAME & TITLE:	
ADDRESS:	
NAME & TITLE:	
ADDRESS:	
NAME & TITLE:	
ADDRESS:	

**PURCHASING INFORMATION**

We will be using a \_\_\_\_\_ Standing PO# \_\_\_\_\_ Contact # \_\_\_\_\_ Contact Name: \_\_\_\_\_

**FINANCIAL INFORMATION - BANK**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ACCT#: \_\_\_\_\_ TITLE: \_\_\_\_\_

NOTE: Please sign here authorizing your bank to release information on your account.

**TRADE INFORMATION – Please provide (3) complete references including account numbers.**

COMPANY & CONTACT:		
ADDRESS:		
TEL:	EXT:	FAX:
COMPANY & CONTACT:		
ADDRESS:		
TEL:	EXT:	FAX:
COMPANY & CONTACT:		
ADDRESS:		
TEL:	EXT:	FAX:

\_\_\_\_\_ Credit Amount Requested

\_\_\_\_\_ Check here if COD sales are acceptable until credit is approved.

Note: If account is approved to purchase on open account, all purchases will be billed on Net 30 terms, unless otherwise stated. The company or persons applying with this form certify that all the information is correct and that they understand FUTURE MOBILITY HEALTHCARE INC reserves the right to withdraw credit privileges at anytime.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**CREDIT DEPARTMENT USE**

References checked by: \_\_\_\_\_ Credit Limit \$: \_\_\_\_\_

Credit Approved by: \_\_\_\_\_ **Date Approved:** \_\_\_\_\_