

Credit Application



To Order
1-888-TAG-8200
1-888-468-0033
www.AftermarketGroup.com

Welcome!

In order to expedite your request to become a dealer of The Aftermarket Group, please make sure to send all of the following information back to us along with your completed dealer application. **We are unable to open Hospices, Nursing Homes and Hospitals.**

- **Required** - minimum \$100.00 opening order is needed before we can open your account. Please call our customer service department @ 1-888-824-8200 or visit us @ www.aftermarketgroup.com for assistance in coordinating your order until a catalog can be sent to you. The opening order is required before we can process your application.
- **Required** - copy of your Tax Exemption/Resale certificate. This must be the certificate provided by the state. The certificate must specify either Tax Exempt or Resale.
- **Required** - signature of the owner/co-owner of the company. The owner/co-owner must be listed as a principle of the company on page one of the application.

Please fax the completed dealer application to Nancy Mellino @ 800-468-0033.

Once all the appropriate paperwork & opening order are received, we can go forward with processing your account. We will then contact you within 2 business days with the status of your application.

Thank You,

Nancy Mellino
New Accounts

Right Parts. Right Price. Right Now.

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Exact Legal Name _____ Trade Name _____
Street Address _____ City _____ State _____ Zip Code _____
Phone _____ Accounts Payable Contact _____ Fed ID # _____
Purchasing Fax # _____ Accounts Payable Fax # _____
Ship to Address _____ City _____ State _____ Zip Code _____

IMPORTANT! TO ENSURE CORRECT SHIPMENTS - LIST ALL ADDITIONAL SHIP TO AND STORAGE FACILITY ADDRESSES ON PAGE 2 OF THIS APPLICATION. PLEASE NOTIFY FINANCIAL SERVICES DEPT. PROMPTLY OF ANY CHANGE IN THE FUTURE.

Nature of Business: Type of Business | Non-Profit Partnership | Proprietorship Corporation | No. of Employees | No. of Yrs in Business

Number of Years at Present Location ____ YES Tax Exempt (PLEASE ATTACH COPY OF EXEMPT CERTIFICATE)

This section must be completed

PRINCIPLES

Full Name _____ Title _____ Soc.Sec.# _____ DOB _____
Home Address _____
Full Name _____ Title _____ Soc.Sec.# _____ DOB _____
Home Address _____
Full Name _____ Title _____ Soc.Sec.# _____ DOB _____
Home Address _____

Have Owners ever Filed Bankruptcy? NO YES

(explain) _____

REFERENCES (LIST FOUR MAJOR VENDORS AND MINIMUM OF ONE BANK REFERENCE)

Trade Ref. _____ Acct. No. _____ Contact _____ Phone _____
Address _____
Trade Ref. _____ Acct. No. _____ Contact _____ Phone _____
Address _____
Trade Ref. _____ Acct. No. _____ Contact _____ Phone _____
Address _____
Trade Ref. _____ Acct. No. _____ Contact _____ Phone _____
Address _____

Have you pledged or assigned assets to secure financing? YES NO If yes, explain and itemize below:

Do you have any loans presently outstanding? YES NO If yes, itemize below:

Lender Name	Address	Phone	Contact	Assets Pledged	Present Balance	Term of Loan
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The
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Are you a member of a buying group? NO YES If yes, please specify below:

Account Number: _____ Company Name: _____

Address _____ City _____ State _____ Zip _____

ADDITIONAL SHIP TO LOCATIONS

List all additional ship to and warehouse storage facility addresses below:

(Or Attach Itemized Listing)

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Purchasing Fax # _____ Accounts Payable Fax # _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Purchasing Fax # _____ Accounts Payable Fax # _____

DEALER CLASSIFICATION (MAJOR AREAS OF BUSINESS EMPHASIS - PRIORITIZE TOP THREE)

_____ Full Line HME _____ MED Surgical Supply _____ Pharmacy
_____ Rehab _____ Repair _____ IV Therapy
_____ Respiratory _____ Ortho & Prosthetic _____ Other(List:) _____

Total Estimated Annual Purchases \$ _____

INDEMNITY AGREEMENT

The dealer agrees to indemnify and hold harmless THE AFTERMARKET GROUP from any and all claims, losses, damages, charges, expenses (including any and all reasonable expenses involving attorney's fees and product recall) which may be made against THE AFTERMARKET GROUP or which THE AFTERMARKET GROUP may incur arising out of any negligent actions of the dealer, including, but not limited to, the maintenance, repair, or alterations of any THE AFTERMARKET GROUP product. Should the dealer sign and agree to this agreement, any and all guarantees, terms and conditions regarding indemnity contained on routine customer invoices shall be superseded and controlled by this document.

STATEMENT

The undersigned authorizes the suppliers, banking officers, attorneys, and accountants designated herein to disclose to THE AFTERMARKET GROUP all information requested pertaining to the business entity and its officers or owners in the credit review and extension process. I hereby certify that the foregoing figures and statements contained herein and attached hereto are true and correct and are furnished to THE AFTERMARKET GROUP and each of its successors and assigns for the purpose of inducing said corporation to extend credit to the undersigned. I authorize The Aftermarket Group and each of its successors and assigns to make inquires as necessary into the personal credit history of said owners including but not limited to credit bureaus or credit reporting agencies, to determine creditworthiness, and to retain this data in its file for future reference. I hereby authorize you to contact our bank and trade references in addition to the aforementioned for credit information. Applicant agrees (1) to pay all charges within payment terms of The Aftermarket Group; (2) the balance owed will become due in full upon any default in payment or upon violation of terms of THE AFTERMARKET GROUP agreement; (3) to pay all collection costs including all reasonable attorney fees.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

(Print Name and Home Address)

Must be signed by an officer or owner of the company.

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