

TherAdapt® Products Inc.

922 N. Washington Avenue, Ludington, MI 49431

Phone: 800-261-4919 • Fax: 866-892-2478

www.theradapt.com • customerservice@theradapt.com

Credit Application and Dealer Information

Please give this page to the person filling out the Credit Application

Following is information on becoming a TherAdapt Products' Dealer and the two-page Credit Application. Please fill out the Credit Application as complete as possible to avoid processing delays. We must have your State Resale Number, Sales Tax Exemption Certificate, and your phone and fax numbers. For your Credit References, please include their phone and **FAX** numbers. **Please also fax any pertinent certificates (CRTS/ATS/ATP) along with your credit application to receive additional 10% discount.**

PLEASE NOTE: The following companies will NOT process credit references: Aftermarket Group, Amerisource Bergen Brunswick, Becker Orthopedic, Braun Corp., BS&N Jobst, Cardinal Health, Crown Therapeutic, D.J. Orthopedics LLC, Fisher Healthcare, Gulf South, Invacare, McKesson General Medical, MedLine, Mercy Surgical, Otto Bock Health Care, Pride Mobility, Resmed, Respirationics, Roho Group & Sunrise Medical / Jay Medical.

If we receive three favorable credit references, you will be placed on Net 30 day terms. If we do not receive three favorable credit references, you will be placed on Prepay for all orders.

We will advise you, via fax and mail, as soon as we approve your application! Thank you.

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DEALER PROFILE / CREDIT APPLICATION

GENERAL INFORMATION:

Company Name (and D.B.A. if different): _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone No: _____ Fax No: _____

Federal ID# or SS#: _____ DUNS (D&B)#: _____

Ship-To Address (if different from mailing): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (____) _____ Toll Free: (____) _____ Fax: (____) _____

Web site: _____ E-mail: _____

Purchasing Contact: _____ Phone: (____) _____

Accounts Payable Contact: _____ Phone: (____) _____

Employees: _____ # CRTS/ATS/ATP: _____ Member NRRTS? Yes No

WE NEED A COPY OF THE ABOVE CERTIFICATE(S) FOR ADD'L DISCOUNT

CREDIT INFORMATION:

Number of years in business under above company name?: _____

Proprietorship: ___ / Partnership: ___ / Corporation: ___ / LLC: ___

State Resale #: _____ (MUST ATTACH SALES TAX EXEMPTION CERTIFICATE) _____

PRINCIPALS:

Name: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (____) _____ Toll Free: (____) _____ Fax: (____) _____

Name: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: (____) _____ Toll Free: (____) _____ Fax: (____) _____

