



# NEW ACCOUNT APPLICATION

## ACCOUNT DETAILS

H&W Sales Rep: \_\_\_\_\_

Date: \_\_\_\_\_

### COMPANY DETAILS

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Years Operating: \_\_\_\_\_

SS/TIN/EIN: \_\_\_\_\_

Federal Tax Classification: ☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Other

Business Type: ☐ Dealer ☐ O&P ☐ Med Office ☐ Distributor ☐ DME ☐ School ☐ Government ☐ PT ☐ Stock & Bill  
☐ Other \_\_\_\_\_

Tax Exempt: ☐ Yes ☐ No If "Yes", please submit a copy of your resale/exemption certificate to [newaccount@hely-weber.com](mailto:newaccount@hely-weber.com). Hely & Weber charges sales tax in all jurisdictions where applicable unless a valid sales tax exemption or resale certificate is provided. Exemption documentation must be received before placing your first order. If we do not receive a valid sales tax exemption certificate, we will collect sales tax as appropriate. All certificates must contain a signature from an authorized representative of your organization, and will be reviewed for accuracy.

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MAIN CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PURCHASING CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ORDER CONFIRMATION CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SHIPPING DETAILS

Shipping Carrier Account #: \_\_\_\_\_

Shipping Carrier: \_\_\_\_\_

### NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# NEW ACCOUNT APPLICATION CREDIT APPLICATION & CREDIT CARD AUTHORIZATION

## TYPE OF ACCOUNT REQUESTED

☐ 30 Day Terms "Requires Credit Check and Trade References" ☐ Credit Card Terms "Requires Completed Authorization"

## TRADE REFERENCES

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

ACCT#: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

ACCT#: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

ACCT#: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## PAYMENT METHODS

Hely & Weber accepts a variety of payment methods which are dependent upon order method and any applicable terms on your customer account. You may pay for your order via the following methods:

**ACH/Bank Transfer** – When paying via ACH/Bank Transfer, please remit your payment as follows:

Account Name: Weber Orthopedic, LP DBA Hely & Weber

Account Number: 2400125724

Routing Number: 111017979

Swift Code/IBAN: TXCBUS44

**Check** – When paying via check, please remit your payment using the following name and address:

Weber Orthopedic, LP DBA Hely & Weber, PO BOX 832, Santa Paula CA 93061

**Credit Card** – We accept payment from all major credit cards, American Express, Discover, MasterCard, and Visa. Please note that a 30% markup is placed on all credit card pre-authorizations. Upon shipment of your order, the markup is removed for final payment settlement. Additionally, a 2% processing fee will be assessed if you choose to pay by credit card.

**E-Check** – Similar to a payment via ACH, Hely & Weber accepts E-Check payments for orders placed and paid via our web store. When paying via E-Check, you will be required to enter your banking information where prompted.

**Payment Remarks:** Please ensure that all payment remittances are accurate and made timely to avoid any delays or issues. Include any relevant invoice or reference information with your payment to help us identify your payment. Please call or email [accountsreceivable@hely-weber.com](mailto:accountsreceivable@hely-weber.com) to contact an Accounts Receivable Specialist if you have any questions or need further assistance.

## THIRD PARTY AUTHORIZATION FOR USE OF CREDIT CARD

On the date (today's date) of \_\_\_\_\_, I \_\_\_\_\_ hereby certify that the following named users are authorized to charge the below listed credit card on my behalf. Last 4 digits of credit card \_\_\_\_\_. Please contact Hely & Weber Accounting Department to disclose full credit card number and details (800) 654-3241, option 2. Card Bearer's signature attests financial responsibility and willingness to pay all invoices in accordance with Hely & Weber's terms. A monthly service fee of 1.5% will be charged on all past due accounts.

\_\_\_\_\_  
Card Owner - Original Signature

( )

Card Owner - Phone Number

### AUTHORIZED USER

\_\_\_\_\_  
Authorized Card User - Print Name

\_\_\_\_\_  
Authorized Card User - Title

( )

\_\_\_\_\_  
Authorized Card User - Phone Number



# NEW ACCOUNT APPLICATION PURCHASING TERMS & CONDITIONS

## PURCHASING TERMS & CONDITIONS

1. The undersigned swears or affirms that he or she possesses the authority to enter into this credit agreement on behalf of \_\_\_\_\_ (hereinafter "Applicant"), and to bind said party to the terms set forth in this credit agreement.
2. Applicant certifies all information provided is correct, and authorizes the bank and trade reference listed to release the information necessary to establish credit with Weber Orthopedic, L.P., d.b.a. Hely & Weber (hereinafter "Hely & Weber").
3. Applicant authorizes Hely & Weber, or its agent, to obtain a credit report for the purpose of establishing a credit relationship.
4. Applicant acknowledges that Hely & Weber reserves the right to evaluate and determine what, if any, level of credit will be provided based on this application, references, and/or credit report.
5. If approved, Applicant understands and agrees to Hely & Weber's NET 30 terms. Applicant understands that NET 30 means that payments shall be made within thirty (30) days of any invoice.
6. Applicant understands and agrees that a service charge may be applied to amounts over 30 days past the date of invoice. These service charges will accrue at the rate of the lesser of 1.5% per month (18% per annum), or the maximum allowed by law.
7. Applicant acknowledges that any credit provided by Hely & Weber may be adjusted or withdrawn on overdue accounts without notice, at Hely & Weber's sole discretion.
8. The undersigned acknowledges that goods and/or services purchased from Hely & Weber are not payable in installments, but are payable in full in the amount stated on the invoice.
9. In the event that collection of sums owed requires the services of a collection agency or attorney, by suit or otherwise, the undersigned agrees to pay all collection and/or attorney's fees, and costs of collection.
10. All information provided is confidential, for the use of Hely & Weber only, and solely for the purposes of making a credit determination.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMAIL SCANNED COPY (WITH ORIGINAL SIGNATURE) TO [NEWACCOUNT@HELY-WEBER.COM](mailto:NEWACCOUNT@HELY-WEBER.COM)



NEW ACCOUNT APPLICATION  
PRICING AGREEMENT

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Rep: \_\_\_\_\_

Account Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

FOR HELY & WEBER REPS ONLY

PRODUCT NUMBER	DESCRIPTION	QUOTED PRICE	HW APPROVAL