

H&W Sales Rep: _____

Date: _____

COMPANY DETAILS

Legal Name: _____

DBA: _____

Phone Number: _____

Fax Number: _____

Years Operating: _____

SS/TIN/EIN: _____

Business Form: Corporation Partnership Sole Proprietor

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, or upload it to our company portal by [clicking this link](#). All applicable state sales taxes will be charged on your orders in the absence of your resale/exemption certificate.

Billing Address: _____

Shipping Address: _____

MAIN CONTACT

Name: _____

Phone: _____

Email: _____

PURCHASING CONTACT

Name: _____

Phone: _____

Email: _____

ORDER CONFIRMATION PREFERENCES

Would you like to receive order confirmations?

Yes No

If yes, how would you like to receive them? (select one)

Email: _____

Fax: _____

Mail: _____

INVOICING CONTACT

Preferred Invoice Contact :

Name: _____

Phone: _____

Email: _____

SHIPPING DETAILS

Shipping Carrier Account #: _____

Shipping Carrier: _____

NOTES:

Credit Card Only

APPLICANT INFORMATION

● Name: _____ Phone: () _____ Email: _____
 Address: _____

● Name: _____ Phone: () _____ Email: _____
 Address: _____

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 - Print Name Card Owner - Phone Number

AUTHORIZED USER 1	AUTHORIZED USER 2	AUTHORIZED USER 3
_____	_____	_____
Authorized Card User - Print Name	Authorized Card User - Print Name	Authorized Card User - Print Name
_____	_____	_____
Authorized Card User - Title	Authorized Card User - Title	Authorized Card User - Title
() _____	() _____	() _____
Authorized Card User - Phone Number	Authorized Card User - Phone Number	Authorized Card User - Phone Number

Net 30 Terms - Optional

Hely & Weber will make determinations on Terms and Credit Limits based on a credit report. If you are seeking customized terms or limits, please provide references for additional review.

TRADE REFERENCES

① Name: _____ Email: _____
 Address: _____
 ACCT#: _____ Phone: () _____ Fax: () _____

② Name: _____ Email: _____
 Address: _____
 ACCT#: _____ Phone: () _____ Fax: () _____

③ Name: _____ Email: _____
 Address: _____
 ACCT#: _____ Phone: () _____ Fax: () _____

BANK REFERENCE

① Name: _____ Email: _____
 Address: _____
 ACCT#: _____ Phone: () _____ Fax: () _____

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**