



NEW ACCOUNT APPLICATION

ACCOUNT DETAILS

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", must include your certificate of resale or other exemption form. Scan/Email to newaccount@hely-weber.com

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 PREFERENCES

Preferred Invoice Method:

How would you like to receive them? (select one)

Email: _____
Fax: _____
Mail: _____

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"

30 Day Terms "Backed by Credit Card"

Credit Card Only

PARTNERSHIP/SOLE PROPRIETOR INFORMATION

1 Name: _____ Phone: (____) _____ Email: _____
Address: _____

2 Name: _____ Phone: (____) _____ Email: _____
Address: _____

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: (____) _____

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

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

**FAX TO (800) 559-5975 OR EMAIL SCANNED COPY (WITH ORIGINAL SIGNATURE)
TO NEWACCOUNT@HELY-WEBER.COM**