

Adaptive Solutions Dealer Application

Adaptive Solutions

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Dealer/Reseller Application Assistive Technology Tracker Plus & Equipment Tracker Terms: Net 30 Days

Date _____

Company Name _____

Shipping Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Web _____

Type of business: Corporation _____ Partnership _____ Individual _____ Non-Profit _____

Tax ID Number _____ Date Business Established _____

Principal Owners _____

Main Contact _____ Phone _____

Secondary Contact _____ Phone _____

Business References Where Credit is now Extended:

Business Name _____ Phone _____

Contact Name _____ Fax _____

Business Name _____ Phone _____

Contact Name _____ Fax _____

Business Name _____ Phone _____

Contact Name _____ Fax _____

Bank Reference (Checking Account)

Name _____ Account Number _____

Address _____ City _____ State _____

Zip _____ Phone _____

Application for credit is hereby made and the references given. It is understood this information will be held in strictest confidence and used only by the Adaptive Solutions credit department.

Signed _____ Title _____

Date _____