

# Adaptive Solutions Dealer Application

## Adaptive Solutions

Attn: Sherion J. Hollingsworth

2127 Court Street

Port Allen, LA 70767

Tel: (225)387-0428 – Fax: 9225)387-6092

[www.adaptive-sol.com](http://www.adaptive-sol.com)

## 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 Attainment Company credit department.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_