



P.O. Box 320  
 Ellis, KS 67637  
 800.537.6454 | 785.726.4885  
 Fax: 800.337.2447 | 785.726.4950

# Application for Credit

Type or Print Clearly

Uncontrolled Copy QF-124-CA  
 January 4, 2010, Rev. 1.0

Company Name: \_\_\_\_\_ Other Company Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_  
First Last Name  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## BUSINESS INFORMATION

Type of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_ Organized Under Laws of: \_\_\_\_\_ (State)  
 Resale #: \_\_\_\_\_ Fed./State Tax ID #: \_\_\_\_\_

## TRADE REFERENCES

**The following companies do not give credit references:**  
**Alliegiance After Market Group (TAG) Bruno Guardian**  
**Jay Medical Invacare Lumex McKesson**  
**Medline Sunrise Medical Tuffcare**

Bank Name: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## RELEASE OF AUTHORITY TO VERIFY

I hereby authorize the above bank and trade references to release the information necessary to assist Wheelchairs of Kansas in approving our line of credit. I release any person or organization supplying or inquiring about such information from all liability in connection with the furnishing or use of such information. The below signature must be authorized to sign on account. This signature also authorizes our company to fax or email information.

\_\_\_\_\_  
 Signature Title Date

\_\_\_\_\_  
 Print Name

SUBJECT: Resale Certificate / Tax Exemption Certificate

Due to a change in Kansas sales tax laws, effective January 1, 2007, Wheelchairs of Kansas will need a resale certificate or tax exemption certificate on file. **NO PARTS OR EQUIPMENT ORDERS WILL BE PROCESSED UNTIL THIS INFORMATION IS PROVIDED.** Please send this information along with the application for credit to 800-337-2447.

To ensure that your application can be processed in a timely manner, please make sure you include fax and phone numbers for all your references. Failure to supply all the information needed will result in a delay of your order. If you have already supplied a resale/tax exemption certificate, we thank you.

If you have any questions, please feel free to contact me at 800-537-6454 Ext. 2050.

Thank you,

A handwritten signature in blue ink that reads "Annie Bollig". The signature is written in a cursive, flowing style.

Annie Bollig  
Credit Department