

# HealthPostures Dealer and Credit Application

Complete the following information and fax to HealthPostures at 952.873.3741

Effective May 1, 2009

## Company Information:

Dealer name \_\_\_\_\_

Number of locations \_\_\_\_\_

Mail address \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

President/Owner \_\_\_\_\_

HealthPostures' primary contact \_\_\_\_\_

Primary contact email \_\_\_\_\_

A/P contact \_\_\_\_\_

A/P e-mail \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

Years in business \_\_\_\_\_

Resale tax # \_\_\_\_\_

Federal tax ID # \_\_\_\_\_

I acknowledge receipt of HealthPostures (HP) dealership terms and policies and agree to them. Either party may terminate this agreement with a 30-day written notice.

In the event that the credit applied for is granted, I (we) agree to Net 30 day terms and to pay the current legal finance charges (18% APR) that may become past due on my account. I (we) agree to the conditions as stated on this application. I (we) further agree that if this account is in default and legal action is required, I (we) will be responsible for all legal fees and court costs. I (we) further agree that HealthPostures may contact any source necessary to determine my (our) credit and financial responsibility now or at any time in the future as it deems necessary. This agreement shall be governed by the laws in The State of Minnesota. The undersigned hereby irrevocably submits to the jurisdiction of the Minnesota District Courts.

### Dealer

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

Authorized Signature \_\_\_\_\_

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

### HealthPostures use only

Date Received \_\_\_\_\_

Credit Application Received \_\_\_\_\_

Credit Application Approved By \_\_\_\_\_

Credit Line Amount \_\_\_\_\_

Customer Number \_\_\_\_\_

**\* Please submit at least two trade references along with the application**

