



Dealer Application

Complete the following information and email to customerservice@healthpostures.com

Your Company Information

Dealer/Company Name _____

Number of Locations _____

Mailing Address _____

Street Address _____

City _____

State _____ Zip _____

Main Phone _____

Fax _____

E-Mail _____

Website _____

President/Owner _____

Primary Contact _____

Primary Contact E-mail _____

Accounts Payable Contact _____

Accounts Payable 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 by _____

Credit Application Approved By _____

***Please submit at least two (2) trade references along with the application (If you are wanting to be on "Prepay" terms, references are not necessary.)**