

Ship To/Bill To: 425 Enterprise Ave Wauseon, OH 43567
Telephone: 800 541 3213 www.WheelChairCarrier.com

CREDIT APPLICATION

NMEDA Member _____ Yes _____ No

BUSINESS INFORMATION			
Company Name (include DBA):			
Phone:	Fax:	Accounts Payable Contact:	
Company Address:			
City:		State:	ZIP Code:
Date Business Commenced:		Tax ID#	Email:
Company Web Address:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BANK REFERENCE			
Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account(s)	Account Number(s)		
Savings			
Checking			

BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account Number:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account Number:	
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Account Number:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize LAMAT, LLC / WheelChair Carrier to make inquiries into the banking and business/trade references listed above to release appropriate business and/or personal credit information. Additionally, you warrant that the information you have provided on this application is true, correct, and complete.

SIGNATURES

Title: Date:	Title: Date: Referred By _____