

# PaceSaver® / Leisure-Lift®

Scooters, Power Wheelchairs, Beds & Lifts

800-255-0285 • leisure-lift@kc.rr.com

Fax 913-722-2614 • 800-862-8782

## Dealership Application

Please complete and return to:

Leisure-Lift, Inc.

1800 Merriam Lane

Kansas City, KS 66106

### CHECK ONE

Please expedite & call, order pending

Normal processing, for future use

### CHECK ONE

Dealer

Service Only

Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Bill to address \_\_\_\_\_ Ship to address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_ Purchasing contact \_\_\_\_\_

Ownership:  Corporation  Partnership  Sole Proprietorship Years in business \_\_\_\_\_

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

### Principal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Social Security: \_\_\_\_\_

### Principal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Social Security: \_\_\_\_\_

I certify that (Co.) \_\_\_\_\_ is engaged in the full time sales or rental of durable medical equipment and/or mobility aids having

- 1.) published retail outlet,
- 2.) facilities to provide service and
- 3.) proper insurance

Which of the following describes your company (check all that apply)

( ) Medical Equipment Center

( ) Pharmacy with DME Rental/Sales

( ) Mobility Center

( ) Other \_\_\_\_\_

Are you a member of a buying Group?  Yes  No If yes, which group? \_\_\_\_\_

The state of Kansas requires us to have on file a copy of your sales tax exemption certificate in order for us not to charge tax on your purchases. **Applications will not be processed without Tax Exempt on file. Please provide a copy of it when you return this form.**

STATE SALES TAX EXEMPTION NO. \_\_\_\_\_

(OVER)

Bank Reference \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact \_\_\_\_\_ Fax # \_\_\_\_\_

**Trade References**

**Please provide fax numbers to expedite our approval process.**

Company Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I hereby authorize the release of information on all references listed including bank references which will be held in the strictest confidence. I authorize Leisure-Lift, Inc. & its parent company to distribute this application to various financial institutions to provide me with alternatives to meet my financial requirements. I am under no obligation to use the alternative financing that Leisure-Lift, Inc. secures on my behalf.

The information in this application is true to the best of my knowledge. I agree to pay for all purchases in accordance with Leisure-Lift & its parent company current Terms & Conditions. If I do not, I agree to pay interest computed at 1 3/4% per month (21% annually) on any unpaid balances and, should it become necessary to incur collection costs, I will be liable for additional collection costs ( including attorneys fees).

The signed individual(s), who is either principal, sole proprietor or personal guarantor on the credit application recognizes that his or her personal credit history may be a factor in the evaluation of the credit history of the applicant or in the evaluation of his or her personal guaranty and hereby consents to, authorizes the use of, a consumer credit report on the signed individual(s) by the named credit grantor. Application must be signed by owner or principal of company.

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Capacity: \_\_\_\_\_ Capacity: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_