



SWEDE-O, INC.
2016 CREDIT/NEW DEALER APPLICATION

COMPANY NAME: CONTACT EMAIL ADDRESS:
PRESIDENT/CEO: ACCTS. PAYABLE CONTACT:
MAILING ADDRESS: Street Address City, State, Zip
SHIPPING ADDRESS: Street Address City, State, Zip
TELEPHONE: FAX:
WEB ADDRESS:
(List all of your Web sites including any 3rd party stores such as Ebay)
NUMBER OF YEARS IN BUSINESS: TOTAL ANNUAL SALES REVENUE:

PLEASE BE SURE TO SUPPLY FAX NUMBERS FOR BANK & REFERENCES

CREDIT

BANK NAME: CONTACT NAME:
ADDRESS: TELEPHONE:
CITY, STATE, ZIP: FAX:
ACCT NO:

PLEASE BE SURE TO SUPPLY FAX NUMBERS FOR BANK & REFERENCES

BUSINESS REFERENCES (SUPPLIERS, VENDORS, ETC.)

1. COMPANY NAME: ACCT NO:
ADDRESS: TELEPHONE:
CITY, STATE, ZIP: FAX:
2. COMPANY NAME: ACCT NO:
ADDRESS: TELEPHONE:
CITY, STATE, ZIP: FAX:
3. COMPANY NAME: ACCT NO:
ADDRESS: TELEPHONE:
CITY, STATE, ZIP: FAX:

COMPANY TYPE: What is your primary business?

[] HME DEALER OR PHARMACY [] INTERNET DEALER [] Other

[] MEDICAL DEALER:

Check primary market: [] Orthopedic [] PT [] O&P [] Podiatry [] Chiropractic [] Other

IMPORTANT

Select the product packaging to be used for your orders:

[] RETAIL CLAMSHELL (OR) [] POLYBAG / BULK

Tax I.D. #:

*I/We hereby authorize release of any information deemed necessary in connection with a consumer credit report to Swede-O, Inc.

BY: TITLE: DATE:

Print Name: