



Fax Cover Sheet	
Date:	Pages (incl. cover):
To: Bodypoint Customer Service	From:
Fax: 800.767.3828	Fax:
Phone: 800.547.5716	Phone:

Attached is the application to open a new account with Bodypoint. Please fill out and sign where applicable. Along with the application, please fax us a copy of your current Sales & Use Tax Certificate (re-sale certificate) or Tax Exemption form.

We will email you a confirmation of your new account with information on how to proceed with quote and order requests.

Feel free to contact us if you have any questions.

Thank you,

Customer Service
Bodypoint, Inc.
558 First Avenue S., Suite 300
Seattle, WA 98104
(206) 405-4555 ext. 104
(206) 405-4556 fax
www.bodypoint.com

B O D Y P O I N T , I N C .

Confidential Application

NOTE: A COPY OF YOUR VALID RESALE CERTIFICATE IS REQUIRED TO OPEN AN ACCOUNT

To ensure your account is setup correctly, please type or print all required fields in the form below.

Background	LEGAL NAME OF BUSINESS	TRADE NAME (S) OR DBA
	FEDERAL TAX ID NO.	DATE BUSINESS WAS ESTABLISHED
	CIRCLE YOUR PERFERED PAYMENT TYPE: Pre Pay W/ Credit Card Credit Terms (See Page 2)	
	ARE YOU CURRENTLY ASSOCIATED WITH A BUYING GROUP?	
	HAS YOUR COMPANY FILED BRANKRUPTCY IN THE LAST 7 YEARS?	
	LEGAL FORM OF BUSINESS: (circle one) Corporation Sole Proprietorship General Partnership Individual LLC Other:	

Shipping Address

Billing Address (if same, please indicate)

Address	Street
	City State Zip

Street
City State Zip

Contacts	Please provide the following information. At minimum, include Principle owners/officers and A/P Name and phone#			
	Title	Full Name	Direct Phone	Email address
	General / Main	N/A N/A N/A		
	Principle			
	RTS			
	Accounts Payable			
	Buyer/Purchasing Dep.		Fax:	
	What is your preferred method of contact?			

	How did you hear about Bodypoint? Bodypoint rep. Brochure Internet Trade Show Industry Professional Other_____
	What brand of wheelchair(s) do you sell?
	What percent of your customer base is: Pediatrics_____% Bariatrics _____% Adults_____% Geriatrics_____%
	Would you like to receive coding updates via E-mail?
	Would you like to receive information on product training and literature via E-mail?
	What E-mail address would you like us to use?

Application for Credit Terms

NOTE: THIS PAGE IS TO BE FILLED OUT ONLY IF YOU ARE APPLYING FOR CREDIT TERMS

APPLICANT'S NAME _____

References	Trade References:			
	To the greatest extent possible, please include suppliers in the medical industry			
	Supplier Name	Account No.	Telephone No.	Recent High Credit

Account Agreement

- The person or business signing below ("Applicant") hereby makes this application for credit to Bodypoint, Inc. and or any of its subsidiaries or affiliates now owned or hereafter acquired ("Creditor").
- In making this application, Applicant agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before said date, are then in default.
- Should credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion.
- Applicant understands that Creditor is relying on the truth and accuracy of the information provided in this application for credit as well as any other information provided to Creditor including financial statements (in aggregate, the "Credit Application"). Creditor would not extend credit to Applicant without full and accurate information provided for in the Credit Application.
- Applicant will provide any other information from time to time upon request of Creditor including an updated Application, financial statements, and information regarding secured financing.
- Applicant authorizes Creditor to conduct any credit investigation deemed necessary of Applicant, including, but not limited to personal credit information about Guarantors, General Partners, Proprietors, and Individual Applicants.
- Applicant hereby explicitly authorizes Trade References cited above to release credit information.
- The undersigned further declares that he/she is duly authorized to sign the Credit Application on behalf of Applicant.
- In any event, Creditor reserves a security interest in all goods sold to applicant until amounts owing are paid in full. Any invoice not paid by its due date is subject to an interest charge of 1.5% per month (18% per annum), finance charge, and will be applied to any unpaid or outstanding balance. This interest charge is cumulative for any month(s) and/or portion thereof where there remains an outstanding balance.
- Should litigation or collection action be necessary or result due to default of payment of the above balance (plus any interest due), all legal fees, court expenses, and any and all other reasonable expenses incurred by Bodypoint, Inc. or their authorized agent to enforce payment of the balance due on this account, will be paid by the party whose signature appears hereon.
- Applicant agrees to pay a \$50.00 service charge on any returned check.
- In the event of default, Applicant further agrees to pay all costs of collection, including all reasonable attorneys' fees, plus court costs and/or collection agency fees together with interest thereon at the maximum amount allowed by law to Creditor or its assignee.
- Applicant agrees that Creditor may rely on facsimile copies of this Credit Application as equally binding as if executed in original. By executing the Credit Application below, Applicant acknowledges and agrees with the terms and conditions stated above.

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____

SIGNED FACSIMILE TO BE TREATED AS ORIGINAL
UNIFORM SALES & USE TAX CERTIFICATE--MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____ **Bodypoint Designs, Inc** _____

Address: _____ **558 1st Ave South, Suite 300 Seattle, WA 98104** _____

I certify that: _____ is engaged as a registered (select all that apply)
Name of Firm (Buyer)

Wholesaler _____ Retailer _____ Manufacturer _____ Seller (California) _____ on pages 2 - 4) _____ Lessor (see notes) _____ Other (Specify) _____

Address: _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ₂	_____	MO ₁₃	_____
AR	_____	NE ₁₄	_____
AZ ₂₂	_____	NV	_____
CA ₃	_____	NJ	_____
CO ₁	_____	NM _{1,15}	_____
CT ₄	_____	NC ₂₅	_____
DC ₅	_____	ND	_____
FL ₂₃	_____	OH ₂₆	_____
GA ₆	_____	OK ₁₆	_____
HI _{1,7}	_____	PA ₂₇	_____
ID	_____	RI ₁₇	_____
IL _{1,8}	_____	SC	_____
IA	_____	SD ₁₈	_____
KS	_____	TN	_____
KY ₂₄	_____	TX ₁₉	_____
ME ₉	_____	UT	_____
MD ₁₀	_____	VT	_____
MI ₁₁	_____	WA ₂₀	_____
MN ₁₂	_____	WI ₂₁	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____