FREEDOM DESIGNS, INC.
7801 S. Jackson Rd.
Pharr, Texas 78577

Phone: 800-331-8551
805-582-0077
Finance Fax: 805-581-3501

DEALER APPLICATION

Company:			**Date:**
Phone:	**Fax:**	**E-Mail Address:**	**Type of Business:**
Billing Address:		**Shipping Address:**	
Names & Titles of Owners/Officers:		**Names & Credentials/Certification of Rehab Personnel:**	

FINANCIAL INFORMATION

Yrs. In Business _____ Gross Annual Sales: _____ Resale #: _____

Fed. Tax ID #:_____ DUNS#:_____ Medicare #:_____

Medicaid #: _____ Buying Group Affiliation & Member #: _____

U.S. Bank: _____ Phone: _____

Address: _____ Bank Contact:_____

_____ Account:_____

_____ Invacare Account #:_____

Please attach a copy of your company's resale certificate.

Freedom Designs, Inc.

7801 S. Jackson Rd.
Pharr, Texas 78577
Phone: 800-331-8551 Fax: 888-582-1509

INDEMNITY AGREEMENT

Freedom Designs, Inc., shall be indemnified and held harmless for any and all claims, losses, damages, and expenses, of whatever nature, made against it or incurred due to the negligence of the dealer. This indemnification shall control all future dealings between the parties except as otherwise agreed to in writing.

Should the dealer sign and agree to this agreement, any and all guarantees, terms and conditions regarding indemnity contained on routine customer invoices shall be superseded and controlled by this document.

STATEMENT

The undersigned authorizes the suppliers, banking officers, attorneys and accountants designated herein to disclose to Freedom Designs, Inc. all information requested pertaining to the business entity and its officers or owners in the credit review and extension process including inquiries into the personal credit history of said owners. I hereby certify that the foregoing figures and statements contained herein and attached hereto are true and correct and are furnished to Freedom Designs, Inc. for the purpose of inducing said corp. to extend credit to the undersigned. Applicant agrees (1) To pay all charges within payment terms. (2) The balance owed will become due in full upon any default in payment or upon violation of terms of Freedom Designs, Inc. agreement (3) To Pay all collection costs including all reasonable attorney fees. I hereby authorize you to contact our bank and trade references for normal credit information.

AUTHORIZED SIGNATURE & TITLE_____
(Must be signed by officer or owner of the company)

PRINT NAME & TITLE:_____

SOCIAL SECURITY NUMBER:_____DATE OF BIRTH:_____

HOME ADDRESS:_____

_____

EMAIL ADDRESS:_____

DATE_____

Freedom Designs, Inc. has a policy to sell only to dealers who employ qualified rehab personnel (PT's, OT's, ATS's, NRRT's certification and/or the equivalent would qualify).

AN INCOMPLETE DEALER APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION HAS BEEN RECEIVED. DEALER ACCOUNTS WITH NO ACTIVITY FOR MORE THAN ONE YEAR WILL BE SUBJECT TO RE-VERIFICATION OF FINANCIAL INFORMATION. THIS PROCESS MAY TAKE 7 TO 10 BUSINESS DAYS.