

Otto Bock HealthCare LP Credit Application

Please complete the form below and send back to the Finance/Credit Department via fax at **512 806 2154** or email to **accountsreceivable@ottobock.com**. We will respond via fax or email within one to two business days whenever possible. If you have questions, please contact us at 800 328 4058.

BUSINESS CONTACT INFORMATION			
Company Name		Ship to Name	
Billing Address City, State ZIP Code		Ship to Address City, State ZIP Code	
Main Phone		Ship to Phone	
Main Fax		Ship to Fax	
		*Use notes at end for additional ship-to addresses	
A/P Contact Name		A/P Phone	
A/P Email		A/P Fax	
Payment Terms	<input type="checkbox"/> I am applying for Net 30 credit terms <input type="checkbox"/> I am paying via credit card at time of order		
Invoice Delivery Method	<input type="checkbox"/> Mail Invoices <input type="checkbox"/> Email Invoices		
CREDIT (ONLY APPLICABLE IF APPLYING FOR TERMS)			
Bank Reference		Bank Contact Person	
Bank Account Number		Bank Address City, State ZIP Code	
Bank Phone		Bank Fax	
Credit Reference #1		Credit Reference #2	
Name		Name	
Account #		Account #	
Contact Person		Contact Person	
Address City, State ZIP Code		Address City, State ZIP Code	
Credit Reference #3		Credit Reference #4	
Name		Name	
Account #		Account #	
Contact Person		Contact Person	
Address City, State ZIP Code		Address City, State ZIP Code	

BUSINESS / OWNER INFORMATION

Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other_____		
Business Owner Name		Federal tax ID or Social Security #	
Date Business Started			
Type of Facility	<input type="checkbox"/> O&P Clinic <input type="checkbox"/> DME <input type="checkbox"/> Physician/Provider <input type="checkbox"/> School <input type="checkbox"/> Rehband <input type="checkbox"/> Other_____		
Areas of Specialty (check as many as apply)	<input type="checkbox"/> Lower Limb Prosthetics <input type="checkbox"/> Upper Limb Prosthetics <input type="checkbox"/> Fitness <input type="checkbox"/> Custom Orthotics <input type="checkbox"/> Bracing and Supports <input type="checkbox"/> Seating and Positioning <input type="checkbox"/> Fabrication Materials <input type="checkbox"/> Fabrication Equipment		
O&P: ABC/BOC or State License Number and Credentialed Name <i>(Required to purchase prosthetics / custom orthotics)</i>			
RESNA/ATP/NRRTS Certification Number and Credentialed Name			

ONLINE/SHOP ACCESS

I would like online/shop access to my account <input type="checkbox"/> Yes <input type="checkbox"/> No		*Use notes at end for additional online accounts	
Name		Email	
Role	<input type="checkbox"/> Full Account Access <input type="checkbox"/> Purchaser <input type="checkbox"/> Shopper (cannot purchase)		
Name		Email	
Role	<input type="checkbox"/> Full Account Access <input type="checkbox"/> Purchaser <input type="checkbox"/> Shopper (cannot purchase)		

AGREEMENT

Credit Terms and Conditions

The following information MUST BE ACKNOWLEDGED in order to be considered for credit terms.

Standard Credit terms are 1% 15 Net 30 days. Any amount unpaid after 30 days will be considered past due and may be subject to a finance charge of .83% monthly. When a customer is past due they may be placed on a Credit Card or COD basis. Otto Bock HealthCare LP reserves the right to place an account with an outside collection agency if payment for past due balances cannot be negotiated. The customer agrees to pay all costs (including reasonable attorney's fees) incurred in the collection of any unpaid amount.

Otto Bock HealthCare LP does retain a security interest in any and all merchandise, supplies and equipment until full payment has been received for items purchased. Credit terms of any purchase order issued by customer, which are in addition to Otto Bock HealthCare LP standard credit terms, will not be binding upon, unless agreed to in a separate writing executed by the credit manager or officer of Otto Bock HealthCare LP.

I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, limited liability company, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to Otto Bock HealthCare LP to verify any or all facts disclosed herein.

I agree to the Credit Terms and Conditions

Yes

Remit Payments to:

Otto Bock HealthCare LP
29168 Network Place
Chicago, IL 60673-1291

Attach any sales tax exemption certificates or additional information.

SIGNATURES

Name		Title	
Phone		Email	
Signature			

