

Customer Request Form

Company Name:		Date:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		Owner(s) / Partner(s)	
Company Type: <input type="checkbox"/> O&P Clinic <input type="checkbox"/> Online Retail <input type="checkbox"/> Distributor <input type="checkbox"/> Charity <input type="checkbox"/> School		Length of time in business	Number of employees
Employer Identification Number	Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Monthly Purchase \$	Products Intended for Purchase: <input type="checkbox"/> Orthotics & Prosthetics* *Complete company and practitioner accreditation sections <input type="checkbox"/> Tools, Equipment, or Materials
Physical Address		Phone	Fax
City, State, Zip, Country		Email	
Billing Address <input type="checkbox"/> Same as above		Phone	Fax
City, State, Zip, Country		Email	<input type="checkbox"/> Please email statements and invoices
*Company Accreditations <input type="checkbox"/> ABC <input type="checkbox"/> BOC <input type="checkbox"/> Licensed <input type="checkbox"/> Not Accredited <input type="checkbox"/> Other		Accreditation Number	
*Practitioner Accreditations 1 <input type="checkbox"/> ABC <input type="checkbox"/> BOC <input type="checkbox"/> Licensed <input type="checkbox"/> Not Accredited <input type="checkbox"/> Other		Practitioner Name 1	Certification Number 1
*Practitioner Accreditations 2 <input type="checkbox"/> ABC <input type="checkbox"/> BOC <input type="checkbox"/> Licensed <input type="checkbox"/> Not Accredited <input type="checkbox"/> Other		Practitioner Name 2	Certification Number 2
*Practitioner Accreditations 3 <input type="checkbox"/> ABC <input type="checkbox"/> BOC <input type="checkbox"/> Licensed <input type="checkbox"/> Not Accredited <input type="checkbox"/> Other		Practitioner Name 3	Certification Number 3

Credit Application

Payment Preference: <input type="checkbox"/> Credit Card <input type="checkbox"/> Line of Credit (please provide credit references below)			
Accounts Payable Contact		Phone	Email
Credit Reference 1		Address	
Phone	Email	City, State, Zip, Country	
Credit Reference 2		Address	
Phone	Email	City, State, Zip, Country	
Credit Reference 3		Address	
Phone	Email	City, State, Zip, Country	

Authorization

By signing here, I, (print name) _____ hereby authorize Fillauer to obtain credit check and reference information.

Signature _____ Date _____

Terms of Sale & Policies

How to Order

Use the company catalog number and item description on all orders. Include desired mode of shipment on all orders—domestic and international. Contact our inside sales specialists by phone or email requesting your order or information.

- I would like to receive Fillauer news on products, pricing, reimbursement, and education.

Email _____

New Accounts

Orders will be shipped CC until credit has been established. Open accounts will be established only after receipt of a completed credit application. Contact Fillauer's inside sales specialists for a credit application at 423.624.0946 or info@fillauer.com.

Methods of Payment

- CIA—Cash in Advance - which include:
CC—Credit Card
EFT—Electronic Funds Transfer*
WT—Wire Transfers*

*Additional methods for international customers

Open Domestic and International Accounts

Once a completed and signed credit application has been received and approved, the account will be open with terms of NET 30. If we are unable to approve a credit application, then the account will remain on CIA or CC until an open account is approved. International customers will need to furnish a Confirmed Irrevocable Letter of Credit

Individual Personal Guarantee

Please complete and return with Credit Application.

I, (Print Name) _____,

residing at (Address) _____,

for and in consideration of your extending credit at my request to (Company Name) _____,

(hereinafter referred to as the "Company"), of which I am (Your Title) _____,

hereby personally guarantee to Fillauer LLC and Fillauer North Carolina, hereinafter the "Corporation," the payment at the address stated at the bottom of this page of any obligation of the Company and I hereby agree to bind myself to pay the Corporation on demand any sum which may become due to the Corporation by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____ Date _____

Before the undersigned Notary Public in and for the State and County aforesaid, personally appeared the within named bargainer with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and that he executed the foregoing instrument for the purposes therein contained, by signing his/her name.

Witness my hand and seal at office, on this the _____ day of _____, 20_____

Notary Public _____ My Commission Expires: _____

Office Use Only			
Account ID	Credit Limit	Terms	Date (Customer Added)
Additional Account Specifics			

Prices

All prices quoted F.O.B. Chattanooga, Tennessee, USA. Prices are subject to change without notice. United Parcel Service, FedEx, and bus shipments will be sent prepaid and freight will be added to the invoice. Motor freight shipments will be sent prepaid and the freight charges will be billed on a separate invoice.

Service Charges

Past due amounts are subject to a 1.5% per month service charge, with an effective annual rate of 18%. Government regulations require that service charges be applied to each and every account in a like manner.

Past Due Accounts

We reserve the right to suspend shipments if any portion of an account becomes past due unless satisfactory arrangements have been made with the credit department.

Returns, Adjustments, Credits

Inspect all goods immediately upon receipt for damage or errors in shipping. Call Customer Service within 3 business days in the event of errors or damage. Credit will not be issued for custom items made to specification or non-stock items older than 30 days, unless Fillauer shipped in error or there is defect in materials or workmanship.

Prior approval and a return authorization number must be obtained from Customer Service for all goods returned. Credit for returned merchandise is subject to inspection and may be subject to a 15% restocking fee for merchandise in resalable condition. Goods returned without prior approval may be subject to a 25% restocking fee. No credit shall be issued for goods that are more than 12 months old. Returns must be accompanied by a copy of original invoice, order number, or PO number. The return authorization number, provided by Customer Service, must appear on the shipping label.



www.fillauer.com

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