



QUALITY FOR LIFE

Tri Quality / Nu-Tec Rehab

Otto Bock HealthCare – Mobility Credit Application

Please complete the form below and fax it to Accounts Receivable at 877.388.5933. Completion of this form and credit worthiness alone does not guarantee an Otto Bock account. We will respond via fax and/or mail within three business days of receipt of this application. If you have questions, please contact us at 800.328.4058 or your local Sales Representative.

Billing Address

Name
Street
City, State, Zip
Telephone Fax E-mail Address

Shipping Address (if different from above)

Name
Street
City, State, Zip
Telephone Fax

Type of Entity

Proprietorship Partnership Corporation Other

Business Type

DME Hospital Clinic School Other

Credentials

Ownership

Name (s)
Social Security # (if other than Corporation)
TRW # (if available) How long company has been in business

Payables

Contact Person Title Phone

Bank Information

Name Account Number
Address
Contact Person Phone

Credit References

Name Address City, State, Zip Phone Contact/Account #
Name Address City, State, Zip Phone Contact/Account #

Print Name

Title:

Signature

Date:

Internal Use: Sales Representative: Date: Pricing Rule: U4 U425 U1 MVP Silver MVP Gold MVP Platinum

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Tri Quality, Nu-Tec Rehab

A division of Otto Bock HealthCare

SALES TAX RULES AND REGULATIONS - RESALE CERTIFICATES

To Our Customers:

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property purchased" there may appear:

- (1) Either an itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE ATTACHED RE-SALE CERTIFICATE AND RETURN IT TO US AT ONCE.

FIRM NAME: _____

I HERBY CERTIFY,

That I hold valid seller's permit No. _____
issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling

_____ that the tangible personal property described herein which I shall purchase from TRI QUALITY will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay taxes, measured by the purchase price of such property.

Description of property to be purchased: DURABLE MEDICAL EQUIPMENT & PARTS

Dated _____ Signature _____

at _____ By and Title _____

Phone _____ Address _____

PLEASE FAX BACK TO TRI QUALITY AS SOON AS POSSIBLE - 877.388.5933