Customer application

Ki Mobility, Convaid, R82, Axiom and Star

Thank you for your interest in Etac's mobility solutions.

To become a customer, please fill in the Customer application (Part I). If you would like to apply for credit, please also complete the Credit application (Part II). If you apply for credit, you will need to submit the credit application together with an initial order(s) of minimum USD 3 000.

All credit applications are subject to review and approval by Etac's finance departments. For non-credit approved customers, credit card terms will apply.

Ki Mobility LLC

5201 Woodward Drive, Stevens Point, WI 54481 P: 800-981-1540 F: 715-254-0996 sales@kimobility.com R82 Inc

13137 Bleinheim Lane Matthews, NC 28105 P: 844-876-6245 F: 704-882-0751 sales.us@etac.com Convaid Products LLC 2830 California Street Torrance, CA 90503 P: 844-876-6245 F: 310-618-2166 convaidsales.us@etac.com



Part I - Customer application

All sections must be completed to prevent delays in processing. Please type clearly or fill in the form digitally.

Applicant information					
Legal name of business		Doing business as (if different than Legal Name of Business)			
Dun and bradstreet number		SIC code			
Federal ID number		Type of entity (Corporation, Partnership, Sole Proprietorship)			
Type of business (please select all that					
		nerce Dealer Referral Source (e.g., Hospital, School)			
Incorporated in	Date of incorporation	Year established	Resale number		
Company phone number		Company website adress			
Contact in					
Sales contact name		Sales contact email address			
Purchasing contact name		Purchasing vontact email address			
D'll'art a dal una	Billing in	formation			
Billing address		Billing address (continued)			
Dilling oity		Dilling state	Pilling postal and		
Billing city		Billing state	Billing postal code		
Billing location phone number		Billing location fax number			
Accounts payable phone number		Accounts payable contact name			
Accounts payable email address		Accounts payable contact email address			
Email address for invoicing (if different than Accounts Payable Email Address)		Accounts payable contact phone number			
Shipping information - Leave b	lank if same as Billing Information. <i>Pl</i>	ease attach complete list of shipping	locations if more space is needed.		
Shipping address		Shipping address (continued)			
Shipping city		Shipping state	Shipping postal code		
Shipping location phone number		Shipping location fax number			

Please send the Customer application to your sales representative for processing.

Note: To apply for credit, please also complete Part II before sending the full application to your sales representative.

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Part II - Credit application



All sections must be completed to prevent delays in processing. Please type clearly or fill in the form digitally.

Please select what product brand(s) you would like to be able to buy (you can select more than one option).						
Ki Mobility, Axiom and Star (Ki Mobility LLC) R82 (R8		32 Inc) Convaid (Convaid Products LLC)				
		Partners /	Principals			
Name	Title		Email address		Mobile phone number	
Name	Title		Email address		Mobile phone number	
				_		
Name	Title		Email address		Mobile phone number	
		Parent /	Co-Owner			
Parent / Co-Owner name						
Parent / Co-Owner address			Povent / Co Ourpor oddroco (continued)			
Parent / Co-Owner address			Parent / Co-Owner address (continued)			
Parent / Co-Owner city			Parent / Co-Owner state		Parent / Co-Owner postal code	
				<u> </u>		
Parent / Co-Owner phone number			Parent / Co-Owner fax number			
, , ,			,			
		Primary bar	ık reference			
Bank name			Bank account number		Type of bank account	
Bank address			Bank address (continued	d)		
Bank city			Bank state		Bank postal code	
Bank phone number		Bank fax number		Bank office	r	
		Trade re	ferences			
Reference 1 Name			Reference 1 Address			
Deference 1 City			Deference 1 State	_	Deference 1 Dectal code	
Reference 1 City			Reference 1 State		Reference 1 Postal code	
Reference 1 Phone number			Reference 1 Fax Number	er		
Reference 2 Name		Reference 2 Address				
Reference 2 City			Reference 2 State		Reference 2 Postal code	
Reference 2 Phone number			Reference 2 Fax number			
Reference 3 Name		Reference 3 Address				
					1	
Reference 3 City			Reference 3 State		Reference 3 Postal code	
Reference 3 Phone number			Reference 3 Fax number	er		
				_		

Part II - Credit application

Credit Information. Applicant authorizes Ki Mobility LLC, Convaid Products LLC and R82 Inc, hereinafter referred to as Etac, to obtain from applicant or third parties such information as Etac may require in connection with Application for Credit. Applicant certifies that the information contained in the Application for Credit and all financial information is true and correct and acknowledges that Etac will rely on such for extending credit.

Print name:	Title:
Date:	Signature:

If you have applied for credit, please send the full application (Part I and II) to your sales representative for processing.

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