

Canada

Credit application

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



Please note that you have 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. For non-credit approved customers, credit card terms will apply.

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, Axiom and Star (Ki Mobility LLC) R82 (R8:		2 Inc) Convaid (Convaid Products LLC)			
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)			
Todora 15 Humber		Type of office (components), Further only, Solo Frephice of only			
Type of business (please select all that apply)					
DME Dealer	CRT Dealer E-com	erce Dealer Referral Source (e.g., Hospital, School)			
Incorporated in	Date of incorporation	Year established	Resale number		
Company phone number		Company website adress			
	Oontoot:	eformation			
Contact in Sales contact name		Sales contact email address			
Sales serial trains		Caree contact on an address	Sales Contact email address		
Purchasing contact name		Purchasing contact email address	Purchasing contact email address		
Billing int		ormation			
Billing address		Billing address (continued)			
Billing city		Billing state	Billing postal code		
billing city		billing state	Billing postal code		
Billing location phone number		Billing location fax number			
		<u> </u>			
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			
Email dudiess for involcing (il dinere	The than Accounts I ayable Email Address)	Accounts payable contact phone number			
Shipping information - Leave b	lank if same as Billing Information. P	lease attach complete list of shipping	locations if more space is needed.		
Shipping address		Shipping address (continued)			
Shipping city		Shipping state	Shipping postal code		
Chinging leasting phone gumber		Chinning location for number			
Shipping location phone number		Shipping location fax number			
	Partners	/ Principals			
Name	Title	Email address	Mobile phone number		
Name	Title	Email address	Mobile phone number		
N	T-11		NA LUI		
Name	Title	Email address	Mobile phone number		

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Parent / Co-Owner						
Parent / Co-Owner name						
Talenty do owner hamo						
Parent / Co-Owner address		Parent / Co-Owner add	Parent / Co-Owner address (continued)			
raione, do omnor addition						
Parent / Co-Owner city		Parent / Co-Owner state Parent / Co-Owner postal code				
				, , , , , , , , , , , , , , , , , , , ,		
Parent / Co-Owner phone number		Parent / Co-Owner fax number				
,	,	,				
	Primary ba	ank reference				
Bank name		Bank account number		Type of bank account		
				,		
Bank address		Bank address (continued)				
			·			
Bank city		Bank State		Bank postal code		
Bank phone number	Bank fax number		Bank office	r		
	Trade r	eferences				
Reference 1 Name		Reference 1 Address				
Reference 1 City		Reference 1 State		Reference 1 Postal code		
Reference 1 Phone number		Reference 1 Fax number				
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					
Reference 3 City	Reference 3 State		Reference 3 Postal code			
Reference 3 Phone number	Reference 3 Fax number					
Are you currently a meml	ber of a purchasing gro	oup? If so please check	k the appro	priate group box:		
VGM (Canada) ABI		Other				

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:

Please email the Credit application to salesadmin@kimobility.com for processing.

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



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