

Credit application

Molift, Immedia and Etac

Thank you for your interest in Etac's patient handling solutions and bathroom aids.

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's finance departments. 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.

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 apply)			
Dealer	E-commerce Dealer	Facility	
Incorporated in	Date of incorporation	Year established	Resale number
Company phone number		Company website address	
Contact information			
Sales contact name		Sales contact email address	
Purchasing contact name		Purchasing contact email address	
Billing information			
Billing address		Billing address (continued)	
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 blank if same as Billing Information. Please 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	
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		Parent / Co-Owner address (continued)
Parent / Co-Owner city	Parent / Co-Owner state	Parent / Co-Owner postal code
Parent / Co-Owner phone number		Parent / Co-Owner fax number

Primary bank 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 officer	

Trade references

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	

Credit Information. Applicant authorizes D.T. Davis Enterprises, Ltd. 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 send the application to your sales representative for processing.

Etac
 4482 Innovation Way
 Allentown, PA 18109
 P: (833) 818-0024
 sales.patienthandling@etac.com

