

CREDIT APPLICATION/ AGREEMENT

Web Version

DATE _____

DREW SHOE CORPORATION
252 QUARRY ROAD
LANCASTER, OHIO 43130
Phone (800) 837-3739
Fax (740) 475-0316

ACCOUNT TYPE:
please check one
[] S-SHOE STORE
[] O-ORTHOPEDIC & PROSTHETIC
[] E-DME
[] P-PODIATRIST
[] X-OTHER

Are you a member of:
please check one if it applies
[] OPGA
[] VGM
[] US Rehab
[] APGA
[] HPC

* Original Application with signature must be sent before account can be activated
* Application must be completed in full to be considered for an account

Membership Number: _____

COMPANY DATA

SHIP TO

BILL TO

NAME: _____
ADDRESS: _____
CITY,STATE,ZIP _____
COUNTY _____

PHONE _____
FAX _____
E-MAIL _____

A/P CONTACT _____
PURCHASING CONTACT _____
CURRENT OWNERSHIP SINCE: _____
IN BUSINESS SINCE: _____

REFERENCES

Please list at least 3 suppliers as Trade References:

Table with 4 columns: NAME, ACCOUNT #, PHONE, FAX (Must Include). Rows 1), 2), 3) with blank lines for input.

OWNERSHIP

Type of Entity: Sole Proprietorship _____ Partnership _____ Corporation _____

THE INFORMATION BELOW MUST BE COMPLETED
Include Names, Complete Addresses

Will Principals Personally Guarantee Account? Yes _____ No _____

The above information is provided for the purpose of extending credit to our company on your payment terms. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history. We agree to pay any finance charges accrued against past due balances. (Finance charges are calculated at 1 1/2 % of the past due balance outstanding at the end of every month)

The signatures (below) must be included to permit credit investigation and to activate account.

Print Name _____ Signature _____

Title _____ Date _____