



<b>Fax Cover Sheet</b>	
Date:	Pages (incl cover):
To: Bodypoint, Inc.	From:
Fax: 206.405.4556	Fax:
Phone: 206.405.4555	Phone:

Hello and thank you for your interest in opening an account with Bodypoint, Inc.

Following is the application to open your new account. Please fill out the forms completely and fax them to us with a copy of your current signed Sales & Use Tax Certificate (re-sale certificate) for each state to which we will be shipping.

We will email you a confirmation of your new account with information about how to proceed with quote and order requests.

A great source of information, pricelists and ordering details can be found on our website – [www.bodypoint.com](http://www.bodypoint.com). Once your account has been opened, you can create a login at your convenience to have access to online ordering. We will be mailing you our most current buyer’s guide which offers additional helpful information. Quotes and orders can be obtained online, by email at [sales@bodypoint.com](mailto:sales@bodypoint.com), or if preferable, you may reach us by phone at 1.800.547.5716 or by fax at 1.800.767.3828.

Bodypoint, Inc has been leading the way in wheelchair positioning and support products since 1991. We take pride in our highly engineered products that have been performance tested for superior quality. Bodypoint, Inc has developed a reputation for providing products that are easy to install, provide consistently excellent outcomes, and deliver lasting performance. And, we don’t take this reputation lightly.

We are committed to providing excellent and seamless customer service. From the depth of our product lines and detailed product instructions to our knowledgeable staff, Bodypoint, Inc. is dedicated to not only meeting customer needs, but exceeding them.

We look forward to a long relationship as a supplier to your organization. Please feel free to contact us if you have questions regarding your account or any of our products.

Kind Regards,

Customer Service  
Bodypoint, Inc.  
558 First Ave South, Suite 300  
Seattle, WA 98104  
206.405.4555 phone 206.405.4556 fax  
[sales@bodypoint.com](mailto:sales@bodypoint.com)

## Bodypoint, Inc. Confidential Application

**NOTE: A COPY OF YOUR VALID RESALE CERTIFICATE IS REQUIRED TO OPEN AN ACCOUNT**  
 To ensure your account is setup correctly, please type or print all required fields in the form below.

<b>Background</b>	LEGAL NAME OF BUSINESS	TRADE NAME (S) OR DBA
	FEDERAL TAX ID NO.	DATE BUSINESS WAS ESTABLISHED
	WEBPAGE ADDRESS	
	CHECK YOUR PERFERED PAYMENT TYPE:      Pre Pay W/ Credit Card <input type="checkbox"/> Credit Terms (See Page 2) <input type="checkbox"/>	
	ARE YOU CURRENTLY ASSOCIATED WITH A BUYING GROUP?	
	HAS YOUR COMPANY FILED BANKRUPTCY IN THE LAST 7 YEARS?	
LEGAL FORM OF BUSINESS: (check one)    Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>		

<b>Address</b>	Shipping Address (if same as billing, please indicate)	Billing Address
	Street	Street
	City                      State                      Zip	City                      State                      Zip
	Main Phone Number	Contact Name
	Main Phone Number	

<b>Contacts</b>	Please provide the following information.			
	<b>Title</b>	<b>Full Name</b>	<b>Email address</b>	<b>Direct Phone</b>
	General / Main	N/A    N/A    N/A		
	Principal			
	ATP/RTS			
	Accounts Payable			
	Buyer/Purchasing Dep.		Fax:	
	What is your preferred method of contact?			

	How did you hear about Bodypoint? Bodypoint rep. <input type="checkbox"/> Brochure <input type="checkbox"/> Internet <input type="checkbox"/> Trade Show <input type="checkbox"/> Industry Professional <input type="checkbox"/> Other _____
	What brand of wheelchair(s) do you sell?
	What phone number should we put on our website for customers to use to place orders with you?

## Bodypoint, Inc. Application for Credit Terms

\*NOTE: THIS PAGE IS TO BE FILLED OUT ONLY IF YOU ARE APPLYING FOR CREDIT TERMS\*

APPLICANT'S NAME \_\_\_\_\_

<b>References</b>	<b>Trade References:</b>			
	To the greatest extent possible, please include suppliers in the medical industry			
	<b>Supplier Name</b>	<b>Account No.</b>	<b>Telephone No.</b>	<b>Recent High Credit</b>

### Account Agreement

- The person or business signing below ("Applicant") hereby makes this application for credit to Bodypoint, Inc. and or any of its subsidiaries or affiliates now owned or hereafter acquired ("Creditor").
- In making this application, Applicant agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before said date, are then in default.
- Should credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at the sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion.
- Applicant understands that Creditor is relying on the truth and accuracy of the information provided in this application for credit as well as any other information provided to Creditor including financial statements (in aggregate, the "Credit Application"). Creditor would not extend credit to Applicant without full and accurate information provided for in the Credit Application.
- Applicant will provide any other information from time to time upon request of Creditor including an updated Application, financial statements, and information regarding secured financing.
- Applicant authorizes Creditor to conduct any credit investigation deemed necessary of Applicant, including, but not limited to personal credit information about Guarantors, General Partners, Proprietors, and Individual Applicants.
- Applicant hereby explicitly authorizes Trade References cited above to release credit information.
- The undersigned further declares that he/she is duly authorized to sign the Credit Application on behalf of Applicant.
- In any event, Creditor reserves a security interest in all goods sold to applicant until amounts owing are paid in full. Any invoice not paid by its due date is subject to an interest charge of 1.5% per month (18% per annum), finance charge, and will be applied to any unpaid or outstanding balance. This interest charge is cumulative for any month(s) and/or portion thereof where there remains an outstanding balance.
- Should litigation or collection action be necessary or result due to default of payment of the above balance (plus any interest due), all legal fees, court expenses, and any and all other reasonable expenses incurred by Bodypoint, Inc. or their authorized agent to enforce payment of the balance due on this account, will be paid by the party whose signature appears hereon.
- Applicant agrees to pay a \$50.00 service charge on any returned check.
- In the event of default, Applicant further agrees to pay all costs of collection, including all reasonable attorneys' fees, plus court costs and/or collection agency fees together with interest thereon at the maximum amount allowed by law to Creditor or its assignee.
- Applicant agrees that Creditor may rely on facsimile copies of this Credit Application as equally binding as if executed in original. By executing the Credit Application below, Applicant acknowledges and agrees with the terms and conditions stated above.

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

SIGNED FACSIMILE TO BE TREATED AS ORIGINAL  
UNIFORM SALES & USE TAX CERTIFICATE--MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Bodypoint Designs, Inc

Address: 558 1<sup>st</sup> Ave South, Suite 300 Seattle, WA 98104

I certify that: \_\_\_\_\_ is engaged as a registered (select all that apply)

Name of Firm (Buyer)

Wholesaler  Retailer  Manufacturer  Seller (California)  Lessor (see notes on pages 2 - 4)  Other (Specify) \_\_\_\_\_

Address: \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>2</sup>	_____	MO <sup>13</sup>	_____
AR	_____	NE <sup>14</sup>	_____
AZ <sup>22</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>1</sup>	_____	NM <sup>1,15</sup>	_____
CT <sup>4</sup>	_____	NC <sup>25</sup>	_____
DC <sup>5</sup>	_____	ND	_____
FL <sup>23</sup>	_____	OH <sup>26</sup>	_____
GA <sup>6</sup>	_____	OK <sup>16</sup>	_____
HI <sup>1,7</sup>	_____	PA <sup>27</sup>	_____
ID	_____	RI <sup>17</sup>	_____
IL <sup>1,8</sup>	_____	SC	_____
IA	_____	SD <sup>18</sup>	_____
KS	_____	TN	_____
KY <sup>24</sup>	_____	TX <sup>19</sup>	_____
ME <sup>9</sup>	_____	UT	_____
MD <sup>10</sup>	_____	VT	_____
MI <sup>11</sup>	_____	WA <sup>20</sup>	_____
MN <sup>12</sup>	_____	WI <sup>21</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_