

**Account Information**

Account Name:		
Billing Address:		
City:	State:	Zip:
A/P Contact Name:		
A/P Phone:	A/P Fax:	
E-mail:		
Website:		
State re-seller permit?	<input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please include a copy)</small>	Sales tax exempt certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please include a copy)</small>
PO numbers required with your invoices?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Standing PO Number:
How would you like your invoices sent?	<input type="checkbox"/> E-mail <input type="checkbox"/> Mail	
Pay all invoices with a credit card?	<input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please fill out information below)</small>	
If you chose yes, please select one of the following:	<input type="checkbox"/> Bill me first <small>(Net 30)</small>	<input type="checkbox"/> Charge with each order <small>(standard unless otherwise noted)</small>
Credit Card #:	CV Code:	Expiration Date:
Name as it appears on the card:		

**Banking Information**

Bank Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

**Trade Account References**

Name of Vendor:		
Address:		
City:	State:	Zip:
Phone:	Account Number:	
Name of Vendor:		
Address:		
City:	State:	Zip:
Phone:	Account Number:	

**Shipping Information**

UPS 2nd Day is standard unless otherwise requested

- UPS Ground     UPS 2<sup>nd</sup> Day     UPS 3<sup>rd</sup> Day     UPS Next Day     USPS Priority Mail     FedEx

Please bill Shipping Account #: \_\_\_\_\_

# Credit Application

1360 Sunset Ave  
Ferndale, WA 98248

ph: 800.848.7332  
fax: 888.222.3236

intl: +00 1 360 543 9306  
www.cascadedafco.com

## Ship-To Branch Accounts

Please check if your ship-to address is the same as your billing address

Branch Name:		
Address:		
City:	State:	Zip:
Authorized Purchaser/Practitioner Name:		Title/Credentials:
Phone:	E-mail:	
Branch Name:		
Address:		
City:	State:	Zip:
Authorized Purchaser/Practitioner Name:		Title/Credentials:
Phone:	E-mail:	
Branch Name:		
Address:		
City:	State:	Zip:
Authorized Purchaser/Practitioner Name:		Title/Credentials:
Phone:	E-mail:	

If you have additional ship-to branch accounts, please attach the information to this application

## Company Information

How did you hear about Cascade Dafo, Inc.?	<input type="checkbox"/> Publication	<input type="checkbox"/> Online	<input type="checkbox"/> Tradeshow	<input type="checkbox"/> Workshop
	<input type="checkbox"/> Other:			
What services does your company provide?	<input type="checkbox"/> Orthotics	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy
	<input type="checkbox"/> Footwear <input type="checkbox"/> Other:			
Which associations are you members of?	<input type="checkbox"/> AAOP	<input type="checkbox"/> AOPA	<input type="checkbox"/> APTA	<input type="checkbox"/> Other:
No. of Practitioners:	No. of Employees:	Date of Establishment:     /     /		
Type of Business:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Non Profit <input type="checkbox"/> Sole Proprietorship
Owner Name:				
Phone:	Fax:			
E-mail:				

### Terms of Sale

The above information is given for the purpose of obtaining open account credit with Cascade Dafo, Inc., and is warranted to be true. We hereby authorize our credit with Cascade Dafo, Inc., and we authorize Cascade Dafo, Inc. to obtain any information that they consider necessary from any source concerning the statements in this application. We agree to pay all invoices in accordance with the terms of Cascade Dafo, Inc. of 2%15 net 30. We understand that Cascade Dafo, Inc. reserves the right to charge a 1<sup>1</sup>/<sub>2</sub>% per month finance charge on delinquent accounts.

Owner or Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CASCADE DAFO USE ONLY

Customer ID:	Date Approved:	Credit limit:
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