



Yes, you can.®

INVACARE CORPORATION

New Customer
 Change of Ownership

Customer Credit Application

*Legal Name of Business		Trade Name (DBA)	
*Billing Address:			
Shipping Address (if different):			
*Federal Tax ID #		* # of Years in Business	
*Phone	*Fax	Website	
*State of Incorporation or registration: _____		Duns Number: _____	
* Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit <input type="checkbox"/> Other _____			

Accounts Payable: Name _____	Email: _____
Phone: _____	Fax: _____
Business Owner: Name: _____	Email: _____
Phone: _____	Fax: _____
Purchasing Agent: Name: _____	Email: _____
Phone: _____	Fax: _____

I would like to receive product and service updates from Invacare: Yes ___ No ___ Email ___ Fax ___ (choose one)

What best describes your business?

DME _____% Pharmacy _____% Rehab _____% Respiratory _____%

Retail _____% Service Only _____% Wholesaler _____% Other _____%

***PRINCIPALS/OWNERS INFORMATION**

(1) Full Name _____ Title _____
 Social Security # _____ Date of Birth _____
 Home Address _____ State of Residence _____

(2) Full Name _____ Title _____
 Social Security # _____ Date of Birth _____
 Home Address _____ State of Residence _____

* Have Owners or Principals ever Filed Bankruptcy? NO YES
 (If yes, explain details) _____

*ACCREDITATION	
Is your business accredited? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date accredited and by which accrediting agency?	Percentage of Medicare Purchases % _____ Percentage of Medicaid Purchases % _____

BANK REFERENCE	
Bank Name	Address:
Contact Name and Phone:	Account #

