



Comfort Chair Company

1940 Country Club Road, Long Lake, MN 55356

Toll Free: 888.990.9394 Phone: 262.250.7330 Fax: 262.250.7331

Company Name

Company Contacts:

Buyer: _____
Buyer Phone #: _____
Email Address: _____
Fax: _____

Accounts Payable Contact: _____
Accounts Payable Phone: _____
Email Address: _____
Fax: _____

Company Address

Billing Address: _____
City: _____ State: _____ Zip Code: _____
Shipping Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Fax: _____
Email Address: _____ Website: _____

Shipping Information (Please check the characteristics that best describes your RECEIVING location)

- Residential (fees apply)
- Business
- LOADING DOCK on premises
- Need a Lift Gate for all truck deliveries (fees apply)

Invoices will be sent via EMAIL to the address listed above unless we are instructed otherwise

- Please send all invoices to this fax: _____
- Please invoice to the billing address listed above. _____

Company Information

Type of Business

- Furniture Store
- DME
- Department Store
- Online Store
- Contract Design

Does your business have a storefront: Yes No

Number of store locations: _____

What lift chair lines do you carry? _____

Additional Store Locations:

Comfort Chair Company * New Dealer Application

Company Name:	Today's Date:	
Billing Address:	Date Business Began:	
Ship to Address:		
Phone:	Fax:	Federal ID:
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP > GENERAL
<input type="checkbox"/> LIMITED	<input type="checkbox"/> SUBSIDIARY OF	

Company Information

Owner/Officer:	Owner/Officer:
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Banking Information:

Name of Bank:	Phone:
Location:	Account #:

Trade References

**Companies that do not provide informaton: Pride, Invacare, Golden,
Please choose companies other than names listed above.**

Company:	Company:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Fax:	Fax:

Company:	Company:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Fax:	Fax:

TERMS: Credit terms are net 30 days. Invoices not paid within 30 days of invoice date will be assessed a 1.5% per month Finance Charge. [In accordance with the Usury laws of the state]. I/we understand and agree that the information provided is for the purpose of obtaining credit. I/we further understand and agree that all accounts or monies due to Comfort Chair Company, including all its divisions, shall be paid in accordance with the Credit Terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred. I/we authorize investigation of all credit references and credit history. I/we authorize creditors to release information pertaining to my/our credit history. I/we further authorize investigation of my/our credit via credit bureau reports. Authorized By:

Name:	Title:	Date:
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Guaranty: I/we, the undersigned, do hereby guarantee payment, as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms & conditions.

Guarantor:	Individually	Date:
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**Please Complete, Sign and Fax back both pages to Comfort Chair Company
Fax: 262-250-7331**