301 Fields Lane
Brewster, NY 10509
Ph: 800-424-5561
Fax: 845-277-2851

Credit Application

Company Name (also note any other name/DBA)_____
Billing Address _____
City_____State_____Zip code _____
Phone_____Fax_____E-mail Address:_____@_____

Shipping Address (If different from billing)_____
City_____State_____Zip code _____
Phone_____Fax_____ E-mail Address:_____@_____

Type of Business: ☐ Corp. ☐ Partnership ☐ Sole Proprietorship ☐ LLC # of Employees_____

Do you sell online? ☐ YES ☐ NO If **YES**, please list all URL's/Storefronts/DBA'S **Use separate sheet if necessary.**

_____

_____

Year Business Established_____ **TIN ID #**_____

SALES TAX:

☐ We **RESALE** product to other (and Collect Sales Tax where required).

***** PLEASE PROVIDE A RESALE CERTIFICATE**

(refer to additional information page)

☐ We **will pay** Sales Tax on our purchases.

Accounts Payable Contact _____**Telephone #** _____ **Ext.** _____
E-mail Address:_____@_____

Anticipated Credit Limit $_____

List Principal Owners and Officers -Use separate sheet if necessary.

1. Name_____Title_____
2. Name_____Title_____

Current Trade References –

1. Name_____Address_____
City_____State_____Zip_____ Account # _____
Phone_____Fax _____E-mail Address:_____@_____

2. Name_____Address_____
City_____State_____Zip_____ Account # _____
Phone_____Fax _____E-mail Address:_____@_____

3. Name_____Address_____
City_____State_____Zip_____ Account # _____
Phone_____Fax _____E-mail Address:_____@_____

Please check Payment Terms:

☐ Prepay at time of order (Visa, MasterCard, American Express or Discover)

☐ 30 Days (payments made by check, ACH, Credit Card)

The applicant authorizes the use of this document as permission to release information to Pedifix, Inc. Applicant agrees to pay for all goods purchased either by credit card at time of purchase or, if open account is granted, within 30 days of receipt of goods.

Print Name and Title _____Signature: _____

Date: _____

SALES TAX RESALE CERTIFICATE INFORMATION

- Allows Pedifix to ship Product to Customer without charging Sales Tax
- Certificate should be specific to the state(s) you wish us to ship to.
- Without this document, we cannot ship without charging Sales Tax
- Orders are placed on a "Sales Tax Validation Hold" and will release when the Resale Certificate is "married" up with your account.
- **Please note** that it is **not** sufficient to submit a Tax ID Number or registration documents such as:
    - W-9 Taxpayer ID Request
    - Registration Certificate
    - Sellers permit
    - Certificate of Authority
- Pedifix offers a free and easy way to create and submit the appropriate document using our online certificate manager administered by Avalara Inc.
- Provide an email address where we can submit the request to.

  E-mail Address:_____@_____

- If you prefer, you may submit your Resale Certificate to us via

  EMAIL: sales@pedifix.com

  FAX: (845) 277-2851

  MAIL: PediFix, Inc.
  301 Fields Ln
  Brewster, NY 10509