

PLEASE TYPE OR PRINT ALL INFORMATION



Submit completed application to order@4implus.com.

Legal Name: _____ Referred By: _____

List all DBAs (if any): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address (if different): _____ City: _____ State: _____ Zip: _____

Preferred Shipper Account: _____ Can you accept LTL shipments? Yes No

Telephone: _____ Fax: _____

Buyer Name: _____ Email: _____

BUSINESS INFORMATION

Date of Incorporation: _____ State of Incorporation: _____ Years at Current Location: _____ Number of Locations: _____

Name of Parent Corporation: _____

Sales Channels (Check all that apply):

Outdoor Retailer *Distributor* *Safety/Industrial* *Janitorial* *Catalog* *Gov't/School*

Gym/Health Club *Sporting Goods* *Swim/Bike/Run* *Pharmacy* *Med/Clinic* *Export/Int'l*

Online/Ecomm *List Website(s):* _____

Amazon Seller Name(s): _____ Ebay Seller Name(s): _____

Walmart Seller Name(s): _____ Other (Please Describe): _____

Please list full names of all officers or Partners:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Accounts Payable Contact: _____ Is PO number required for payment? Yes No

A/P Phone: _____ Extension # _____ Email: _____

Do you intend to resell our products? Yes No

Who do you sell to? (Check all that apply): End Users Other Resellers

Where do you intend to resell products? _____

Are you required to charge your customers sales tax? Yes No

Brands you would like to sell (Check all that apply):

Balega *Harbinger* *Perfect* *RockTape* *SKLZ* *Sof Sole* *Spenco*

STABIL *TriggerPoint* *YakTrax* Other: _____

2001 T.W. Alexander Drive • Box 13925 • Durham, North Carolina 27709-3925 USA
Phone: 800.446.7587 • Fax: 919.314.1960 • order@4implus.com • www.implus.com



TERMS OF SALE

Credit Terms (attach financial statement)

Credit Card

TRADE CREDIT REFERENCES

Company Name: _____ Account #: _____

Contact Name: _____ Email: _____

Company Name: _____ Account #: _____

Contact Name: _____ Email: _____

Company Name: _____ Account #: _____

Contact Name: _____ Email: _____

BANK REFERENCES

Company Name: _____ Account #: _____

Contact Name: _____ Email: _____

Invoicing: Each order will be billed to you immediately after shipment. Discrepancies must be reported within 10 days of receipt of goods.

Payments: Please indicate invoice number on your check and send to the remit-to address shown on our invoice.

Credit: Our credit department is willing to work with you if problems arise. Communicating with them will avoid misunderstandings which could impair your credit rating.

Certification and Authorization to Release Information:

I hereby certify that the information given in this credit application is correct. This information will be used to determine the amount and conditions of credit terms to be extended. I understand that Implus Footcare, LLC may also use other sources of credit information which it considers to be reliable in making this determination.

I hereby authorize the bank and supplier references listed above to release information necessary to assist Implus Footcare, LLC in reviewing this credit application and my current status from time to time.

I understand that Implus Footcare, LLC may change or revoke any credit terms granted at any time, at its sole discretion, and that Implus Footcare, LLC may require updated financial information in the future to support continued availability of credit terms.

Please allow at least 1 week for reference responses. If an order is urgently needed, please ask your salesperson about credit card billing or prepay ACH transfers while your application is being processed.

Company Name: _____

I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my credit application and information.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

