

WHOLESALE ACCOUNT & CREDIT APPLICATION



**LYMPHEDEMA
DEPOT LTD**
Chronic Edema & Wound Care Products

Mail: 12-111 Fourth Ave., Box #347
St. Catharines, ON L2S 3P5
T: 1 (855) 857-8500 F: 1 (855) 857-8570
E: Info@LymphedemaDepot.com

BUSINESS / ORGANIZATION CONTACT INFORMATION

Company/Organization/Sole Proprietor Name:		
Primary Business Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Email:	Website:	
Years in Business:	Years At Current Address:	

ACCOUNTS PAYABLE INFORMATION

A/P Contact:	Email:	
Phone:	Fax:	
Bill To Address:		
City:	Province:	Postal Code:
Type of Business: Corporation : <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. <input type="checkbox"/> Inc. <input type="checkbox"/> Sole Proprietor/Self-Employed <input type="checkbox"/> Private Healthcare Facility <input type="checkbox"/> Public Healthcare Facility/Network <input type="checkbox"/> Other (please describe):		
CRA "BN" or Business Reg. No.:	Reg'd for GST/HST? <input type="checkbox"/> Y <input type="checkbox"/> N	

ACCOUNT TYPE AND RELATED CREDIT INFORMATION

Type of Acct Requested (Check One): <input type="checkbox"/> Credit Card on File (provide below & sign) <input type="checkbox"/> Net-30 (complete banking & trade refs)		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card #	Exp Date:
I authorize my orders be charged to above credit card account. Cardholder Signature:		

BANKING INFORMATION (REQUIRED FOR NET-30 CREDIT APPLICATIONS)

Bank Name:	Contact:	
Bank Address:	Phone:	
City:	Province:	Postal Code:

BUSINESS / TRADE REFERENCES (THREE REQUIRED FOR NET-30 CREDIT APPLICATIONS)

Company Name / Contact:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Credit Limit:
Type of Account: <input type="checkbox"/> Net-30 <input type="checkbox"/> Prepaid Credit Card on File <input type="checkbox"/> Net-30 Credit Card on File <input type="checkbox"/> Other (specify):		

Company Name / Contact:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Credit Limit:
Type of Account: <input type="checkbox"/> Net-30 <input type="checkbox"/> Prepaid Credit Card on File <input type="checkbox"/> Net-30 Credit Card on File <input type="checkbox"/> Other (specify):		

Company Name / Contact:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Credit Limit:
Type of Account: <input type="checkbox"/> Net-30 <input type="checkbox"/> Prepaid Credit Card on File <input type="checkbox"/> Net-30 Credit Card on File <input type="checkbox"/> Other (specify):		

AGREEMENT

- All invoices will be paid within 30 days from the date of the invoice (Net-30) or prior to shipment (Credit Card on File). Reseller Companies with a history of three late payments will be required to prepay for orders by credit card prior to order fulfillment. Accounts over 60 days are considered 'ON HOLD,' and subject to a service charge of 2% per month (24% per annum) from the date of the original invoice.
- Applicant has signing authority to bind the company, organization or individual named in this application, has read and agrees to the attached, "Wholesale Dealer/Reseller Policies," certifies that all information supplied above is accurate, and by submitting this account and credit application authorizes Lymphedema Depot Ltd., at its discretion, to exchange credit information with any reference named in the application (for Net-30 accts).

SIGNATURES

Signature:	Signature:
Name / Title:	Name / Title:
Date:	Date:

DEALER ACCOUNT APPLICATION FITTER/THERAPIST INFORMATION

PAGE 2: HELP US GET TO KNOW YOU (OPTIONAL)



ABOUT YOU

Name:		Company Name:	
Primary Work/Business/Clinical Address:			
City:		Province:	Postal Code:
Sign up for our eNewsletter (8-12x/yr)? <input type="checkbox"/> Y <input type="checkbox"/> N		Website:	
Tel:	Fax:	Email:	
I am a/an: <input type="checkbox"/> RN/RPN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> RMT <input type="checkbox"/> CDT <input type="checkbox"/> MD <input type="checkbox"/> Certified Fitter <input type="checkbox"/> Other:			
Notes/Comments:			

ABOUT YOUR EXPERIENCE WITH LYMPHATIC AND RELATED CHRONIC EDEMA CARE

Have you worked with/measured for "quilted" type and/or other nighttime compression garments in the past? <input type="checkbox"/> Y <input type="checkbox"/> N	
If you are a garment fitter, do you have any local therapists or facilities who currently refer fittings to you? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, would you mind sharing their name(s) so that we can provide some Solaris product information?	
Therapist(s):	
Therapist(s):	
If you are a therapist, do you have any local garment fitters who you work with now?	
If yes, would you mind sharing their name(s) so that we can provide some Solaris product information?	
Fitter(s):	
Do you permit Lymphedema Depot to refer patients and/or therapists in your area to you for fittings? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, may we: Refer directly (telephone, email) <input type="checkbox"/> Y <input type="checkbox"/> N List you/your contact info on our website <input type="checkbox"/> Y <input type="checkbox"/> N	
Notes/Comments:	

HOW DO YOU TYPICALLY ORDER / WHAT ARE YOUR ORDERING REQUIREMENTS

Do you/your company use Purchase Orders? <input type="checkbox"/> Y <input type="checkbox"/> N	Use Purchase Order Numbers? <input type="checkbox"/> Y <input type="checkbox"/> N
Is your shipping address different than your billing address?	
Do you prefer to place your orders by: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Online <input type="checkbox"/> Other:	
Do you wish to receive an order confirmation for each order? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, prefer confirmation by: <input type="checkbox"/> Email <input type="checkbox"/> Fax	
Do you wish to receive a wholesale quote with your order confirmations? <input type="checkbox"/> Y <input type="checkbox"/> N	
Notes/Comments:	

FOR LYMPHEDEMA DEPOT INTERNAL USE

PP-01 FULL [] PP-02 TYVK [] CP-01 PORT [] MISC [] SSHT TR [] CR [] RW [] SS [] JJ []
 UEBG [] LEAD [] RQM35 [] RPM30 [] CRUERM [] CRLEAM [] SS02 [] SSS04 [] SS09 []
 Solaris Garment Fitter Certificate: Issued [] Qualified/Mailout [] Participant will complete on own []



**12-111 FOURTH AVE BOX 347
ST. CATHARINES, ON L2S 3P5
1-855-857-8500 | Info@LymphedemaDepot.com**

CREDIT CARD ON FILE AUTHORIZATION

Customer Information

Company Name: _____

Contact Name: _____

Telephone: _____

Email: _____

Address: _____

Please complete and return via:

Fax:
1-855-857-8570

Mail:
12-111 Fourth Ave., Box 347
St. Catharines, ON L2S 3P5

Email:
Payments@LymphedemaDepot.com

Note: Information that is submitted electronically is not secure and is transmitted at sender's own risk. If you wish, you may omit the final four digits of your card number, below, and provide to us by telephone, toll-free, instead.

Credit Card Account

Account Type: VISA MASTERCARD AMEX

Account Number:

Expiry Date: / (MM / YY) Security Code:

Cardholder Name: _____

Billing Address: _____

Authorization

By signing, below, I authorize Lymphedema Depot Ltd. to debit the credit card account provided above for the purchase of product by the above company. I also signify my understanding that this authorization will remain valid and continue until such time as I cancel my authorization in writing.

Authorized Cardholder Signature: _____ Date: _____

*It is the Customer's responsibility to inform Lymphedema Depot Ltd. of any changes to the billing address, expiration date and/or any other changes to the credit card account provided in order to facilitate uninterrupted order processing and delivery. Any information provided in this form will be stored securely in compliance with PCI DSS standards and used only for the purpose outlined above. Questions? **Please call us toll-free at: 1-855-857-8500***

Professional Account / Reseller Policies

Professional Wholesale Pricing Confidentiality Policy

Lymphedema Depot Ltd. professional wholesale pricelists, quotes and invoices are confidential. Wholesale pricing must not be forwarded to retail consumers, including insurance companies, support organizations, or any other party who is not an authorized wholesale account holder with Lymphedema Depot. Lymphedema Depot Ltd. reserves the right to refuse sales to any wholesale account holder not observing wholesale pricing confidentiality.

Authorized Wholesale Dealer Policy: Territory; Advertising

Lymphedema Depot Ltd. is the exclusive Canadian distributor for Solaris, Inc. and its full line of products, and does not offer any further exclusive or territorial contracts or assurances to or among its authorized dealers. Consumers contacting Lymphedema Depot Ltd. will be referred to all local dealers in their region whenever possible. Dealers are authorized on an account application and acceptance basis. Canadian Dealers are not authorized to and therefore must not sell Solaris products to any individual or entity outside of Canada. Dealers are free to advertise their Solaris Dealer status, but all advertising and marketing materials containing reference to, logos, images or trademarks of Solaris products must be submitted to Lymphedema Depot for approval by Solaris prior to publication or distribution. Non-Solaris merchandise is offered on a retail only basis unless otherwise specified.

Retail Pricing Policy

Lymphedema Depot does occasionally quote suggested retail pricing for Solaris products to insurance companies, consumers and regulatory agencies. In the event that Lymphedema Depot sells a Solaris product directly to a retail consumer, sales are always at current SRP. Contact us for our current SRP should you wish to receive a copy.

Account Terms

Net-30 days with account & credit application approval; otherwise, prepayment is required. Payment by business or personal cheque, EFT, Visa, MasterCard, or Interac e-Transfer is accepted. A Canada Revenue Agency BN (business number) is required in order to open a professional wholesale dealer account. Small suppliers or sole proprietors not registered with a CRA-BN should call to discuss options. Dealers are responsible to collect and remit applicable taxes in the province where they do business. A late charge of 2% per month (24% per annum) will accrue on unpaid balances of overdue accounts; orders are held on past due accounts.

Warranties and Returns

In an effort to contain prices, Solaris does not warrant its Swell Spots or Caresia garments. ReadyWrap garments are warranted against manufacturing or material defect for 6 months. TributeNight garments provide a 2-week "Sure-Fit" guarantee, plus a 1-Year Warranty on materials and workmanship, along with the option to take advantage of one Warranty Alteration to reduce the garment within the first year of ownership. Some conditions apply. Please refer to the full TributeNight Warranty information in your TributeNight Catalogue, Professional Information package, or the TributeNight Users' Guide supplied with every Tribute garment. See individual product order forms or User Guides for full warranty info. User Guides and Catalogues can always be found at our website.

All sales of medical garments and supplies are final. Lymphedema Depot is proud to provide quality products and excellent customer service, and we are always pleased to work with our customers to resolve any issue with our products. Please inspect your order promptly upon receipt. An order discrepancy, size adjustment or product found defective at time of sale may be returned for exchange within the terms of the products' warranty by contacting us for a Return Authorization. Returned merchandise will only be accepted when received in unworn, unlaundered condition in its original, undamaged packaging. Orders cancelled after shipment will incur round-trip freight charges. Prices and Terms are subject to change without prior notification. All prices are in Canadian dollars and subject to applicable Canadian sales taxes (Reg. #83343 7221 RT0001). Shipping & Handling is non-refundable.

IMPORTANT NOTE: custom-manufactured garments are non-cancellable, non-returnable and non-refundable once production has commenced.

Questions? Give us a call at: 1 (855) 687-8500
Visit us online at: www.LymphedemaDepot.com
Email us at: Info@LymphedemaDepot.com

