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### **Credit Application and Re-Sale Certificate Required**

Attention:

Thank you for your enquiry to purchase PDG products. All new dealers are required to supply PDG with the following documentation:

1. Completed Credit Application (attached).
2. A copy of your Re-sale Certificate for sales tax exemption purposes, complete with the expiration date.

Once you have completed your Credit Application form, please fax it along with the Re-sale Certificate to PDG @ **1-877-323-9093**.

We would appreciate receiving the above documents at your earliest convenience. Please note, this documentation must be in place prior to shipping any PDG products.

If you have any questions, please feel free to contact me directly. My toll free telephone number is 1-888-858-4422, ext 225. You can also contact me via e-mail [schan@pdgmobility.com](mailto:schan@pdgmobility.com) .

All of us at PDG greatly appreciate your business and look forward to working with you.

Regards,

*Sandy Chan*

## PDG Product Design Group Inc CREDIT APPLICATION

Thank you for your interest in PDG products. The following information must be provided to PDG Credit Department prior to our shipping your first order. Please complete the form and fax it to PDG at 1-877-323-9093

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buying Group: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Corporation \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_

Principal Financial Contact: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Estimate amount of monthly credit required: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Trade References:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*We hereby authorize you to obtain information concerning our credit from the above references. We undertake to pay invoices according to terms included in our Dealer Contract and understand that failure to do so will mean withdrawal of credit privileges.*

Signing Officer: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Key Contacts needed for business development;**

<b>Contact Names</b>	<b>Phone</b>	<b>e-mail</b>
Rehab Sales Manager		
Sales Reps		

<i>Purchasing Manager</i>		

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*(Office Use Only)*

*Is this dealer part of a Group?* \_\_\_\_\_

*Credit Limit:* \_\_\_\_\_ *Approved By:* \_\_\_\_\_

*Account #:* \_\_\_\_\_ *Date:* \_\_\_\_\_