



Dealer Application

How did you find out about us? _____ If a Trade Show, which one? _____

Instructions: Fill out as much of the form online as possible, then print the document, fill in the rest, sign, date, and fax to FMI at the number below. You can always call with questions.

Business Name _____
Business/Billing Address _____
City _____ State _____ Zip _____
Phone: _____ Fax _____ Email _____
Tax ID # _____

Shipping Address (Complete if different from the Business Information)
Shipping Address _____
City _____ State _____ Zip _____
Phone: _____ Fax _____ Email _____

Contact Information
Owner / President _____ Phone _____ Fax _____ Email _____
Billing Contact: _____ Phone _____ Fax _____ Email _____

Bank Reference
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____
Account Number _____

Credit References
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____
Account Number _____

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____
Account Number _____

General Information

How would you classify your facility? DME - Home Health - Hospital - Clinic - OT - PT - VA - _____
How long have you been in business? _____

801 North Bryan • Bryan, Texas 77803
Ph: (877) 417-5187 • Fax: (979) 775-5202



Do you have branches? _____ If yes, how many? _____

Locations:

1. _____
2. _____
3. _____
4. _____
5. _____

Credit Card Information (Credit Cards will be charged on overdue accounts.)

Credit Card: Visa, Master Card, American Express

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Address Information (Complete if different from the Business Information)

Credit Card Address: _____

City _____ State _____ Zip _____

Phone: _____

Discounts & Policies:

- 3% discount for online orders
- 2% discount for online orders paid at time of order, domestic accounts only.
- Farrow Medical's policy for INTERNET sales is to discontinue business relations with any entity that advertises a Farrow Medical brand product for less than the discounts officially & currently published by Farrow Medical Innovations.
- One-month money-back guarantee on unworn/unaltered OTS/TTF garments to purchaser only with 15% restocking fee, which will be waived for exchanges of equal or greater value.
- Two-month product repair/replacement guarantee on material and workmanship up to 14 months after manufacture/LOT date. A copy of the patient's purchase receipt is required.
- One-year shelf-life warranty on materials and workmanship for unworn/unaltered OTS/TTF garments. Original packaging must be returned with the garment, along with a written statement of the defect. A 20% restocking fee will be charged if the item is not exchanged for one of equal or greater value.
- No refund on custom garments.
- Twenty dollar charge on initial alteration of custom garments plus shipping; thereafter, \$60 per hour with \$25 minimum plus shipping. Any soiled or odorous items will be charged a \$25 washing fee.
- Invoices past due (>31days) will be assessed a 1.5% penalty per month.
- Invoices will be charged to credit cards on file after 60 days; accounts without credit cards will be frozen.
- Accounts without current credit card information will have their credit limit reduced to \$500.
- Invoices due over 90 days will be sent to collections.
- Pricing, Discounts, & Billing Policies subject to change.

I acknowledge the above discounts and policies. I will not share Farrow Medical Innovations Inc. wholesale pricing lists with 3rd parties. I certify the information provided by me on this application to be complete and correct to the best of my knowledge.

Owner's Signature _____ Date _____

For Office Use Only	
Account Number	_____
Dealer Representative	_____