

Human Care Dealer Application

- New Account
- Account Update

Form: Credit Application Ver 8 (06/24)

Company Information

Full Legal Name			Trade/Operating Name (If different)					
Structure:	<input type="radio"/> Incorporated	<input type="radio"/> Partnership	<input type="radio"/> Proprietorship	VGM #	Year(s) in Business	Electronic Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Billing Address			Shipping Address					
City	State	Zip Code	City	State	Zip Code			
Telephone	Fax		Telephone	Fax				
Email			Shipping Contact (Name and phone)					
Website			Special Shipping Instructions			Lift gate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Contact Information

Accounts Payable Name	Telephone	Fax	Email
Purchasing Name	Telephone	Fax	Email

Principal/Officer/Owner Information

Legal Name	Title	Home Address
Legal Name	Title	Home Address
Legal Name	Title	Home Address

Credit Card Information

<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> Amex	Credit Card Number	Expiry	CSV	Name (as it appears on card)
Billing address			<input type="checkbox"/> Same as above billing			<input type="checkbox"/> Automatically charge this credit card

Trade References

Company Name	Contact Name	
Telephone	Fax	E-mail
Company Name	Contact Name	
Telephone	Fax	E-mail

The undersigned certifies the above information to be true and correct

Legal Name	Title
Signature	Date

Office Use:

Sales Rep:
Group Code: <input type="checkbox"/> Dealer <input type="checkbox"/> DME

All customers will be offered up to 30 day terms unless otherwise stated on their contract.
Please email accounting@humancaregroup.com or fax 512.476.7190 completed application.



HUMAN CARE
Your Life. Your Way.

Human Care USA
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