

# Credit Application within the U.S.



Please complete this form and fax/mail it to our accounting department via the address below or email [accounting@dafo.com](mailto:accounting@dafo.com).

If you have additional information about practitioners or locations, feel free to add this to an additional page and send it in with your application.

COMPANY INFORMATION		
BUSINESS NAME	PHONE	
NAME OF OWNER		
BILLING ADDRESS	FEDERAL TAX ID: (EIN or SSN) *PLEASE USE SEPARATE CREDIT APPLICATION FOR EACH TAX ID	
CITY	STATE	ZIP CODE
A/P CONTACT NAME	A/P PHONE	A/P FAX
A/P EMAIL		
STATE RE-SELLER PERMIT OR EXEMPTION CERTIFICATE? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE INCLUDE A COPY)	TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER	

BILLING INFORMATION			
PO NUMBER REQUIRED WITH INVOICES? <input type="checkbox"/> NO <input type="checkbox"/> YES	STANDING PO NUMBER	PREFERRED INVOICE MAILING METHOD <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	
PAY ALL INVOICES WITH CREDIT CARD?? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, SELECT ONE OF THE FOLLOWING: <input type="checkbox"/> BILL ME FIRST (NET 30) <input type="checkbox"/> CHARGE WITH EACH ORDER (STANDARD)		
CREDIT CARD NUMBER	CV CODE	EXPIRATION DATE	NAME AS APPEARS ON CARD

BANKING INFORMATION			
BANK NAME	ADDRESS		
CITY	STATE/REGION	COUNTRY	ZIP/AREA CODE
PHONE	FAX	EMAIL	

TRADE ACCOUNT REFERENCES			
NAME OF VENDOR	ADDRESS		
CITY	STATE/REGION	COUNTRY	ZIP/AREA CODE
PHONE	FAX	EMAIL	ACCOUNT NUMBER
NAME OF VENDOR	ADDRESS		
CITY	STATE/REGION	COUNTRY	ZIP/AREA CODE
PHONE	FAX	EMAIL	ACCOUNT NUMBER

<b>SHIPPING INFORMATION</b>			
<b>SHIPPING METHOD</b>			
<input type="checkbox"/> UPS GROUND	<input type="checkbox"/> UPS 2 <sup>ND</sup> DAY (STANDARD)	<input type="checkbox"/> UPS 3 <sup>RD</sup> DAY	<input type="checkbox"/> UPS NEXT DAY
<input type="checkbox"/> FEDEX	<input type="checkbox"/> USPS PRIORITY MAIL		
<b>SHIPPING BILL-TO</b>			
<input type="checkbox"/> YOUR CASCADE DAFO ACCOUNT? <b>-OR-</b> <input type="checkbox"/> YOUR OWN UPS OR FEDEX ACCOUNT? IF YES, YOUR SHIPPING ACCOUNT #: _____			
<b>SHIPPING CONSOLIDATION METHOD</b>			
<input type="checkbox"/> DAILY	<input type="checkbox"/> 3x WEEK (MON/WED/FRI)	<input type="checkbox"/> 2x WEEK (TUE/THU)	<input type="checkbox"/> 1x WEEK _____ <small>Which day?</small>

<b>SHIP-TO BRANCH ACCOUNTS</b>			
DO ALL BRANCH ACCOUNTS SHARE THE SAME FEDERAL TAX ID AS THE MAIN ACCOUNT? IF NOT, PLEASE USE A SEPARATE CREDIT APPLICATION FOR EACH TAX ID.			
<input type="checkbox"/> SHIP-TO ADDRESS IS SAME AS BILLING ADDRESS			
<b>BRANCH NAME</b>		<b>ADDRESS</b>	
<b>CITY</b>	<b>STATE/REGION</b>	<b>COUNTRY</b>	<b>ZIP/AREA CODE</b>
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	
<b>BRANCH NAME</b>		<b>ADDRESS</b>	
<b>CITY</b>	<b>STATE/REGION</b>	<b>COUNTRY</b>	<b>ZIP/AREA CODE</b>
<b>PHONE</b>	<b>FAX</b>	<b>EMAIL</b>	

<b>PRACTITIONER INFORMATION</b>		
<b>PRACTITIONER NAME</b>	<b>PROFESSIONAL DESIGNATION</b>	<b>CERTIFICATION #</b>
<b>PRACTITIONER NAME</b>	<b>PROFESSIONAL DESIGNATION</b>	<b>CERTIFICATION #</b>
<b>PRACTITIONER NAME</b>	<b>PROFESSIONAL DESIGNATION</b>	<b>CERTIFICATION #</b>
WHICH PRODUCT DO YOU PLAN TO ORDER? <input type="checkbox"/> PREFABRICATED FAST FIT ORTHOSES ONLY <input type="checkbox"/> CUSTOM ORTHOSES ONLY <input type="checkbox"/> BOTH PREFABRICATED AND CUSTOM		
<b>HOW DID YOU HEAR ABOUT CASCADE DAFO, INC.?</b>		
<input type="checkbox"/> PUBLICATION _____ <small>Which</small>	<input type="checkbox"/> ONLINE _____ <small>Where</small>	<input type="checkbox"/> TRADESHOW _____ <small>Where</small>
<input type="checkbox"/> IN-SERVICE _____ <small>Where</small>	<input type="checkbox"/> OTHER _____ <small>Specify</small>	

**TERMS OF SALE**  
 The above information is given for the purpose of obtaining open account credit with Cascade Dafo, Inc., and is warranted to be true. We hereby authorize our credit with Cascade Dafo, Inc., and we authorize Cascade Dafo, Inc. to obtain any information that they consider necessary from any source concerning the statements in this application. We agree to pay all invoices in accordance with the terms of Cascade Dafo, Inc. of 2% 15 net 30 from invoice date (early pay discount not valid with credit card payments). We understand that Cascade Dafo, Inc. reserves the right to charge a 1.5% per month finance charge on delinquent accounts and to pursue reimbursement of collection and legal fees in the event of default.

**EXPORTING RESTRICTIONS**  
 U.S. regulations require us to know the final destination country for all orders we fulfill. Please be aware that Cascade Dafo customers are prohibited from exporting our products. All customers must comply with the rules and regulations of the Office of Foreign Assets Control Department (OFAC), including verifying that the company shall not transact business with individuals appearing on the OFAC specifically designated individuals and corporate entities/nationals and blocked persons list (SDN). More information is available on this website: <http://www.treasury.gov/resource-center/pages/default.aspx>

Your signature below indicates that the information provided is true and correct and that you agree to comply with the terms of sale and export restrictions listed above.

**OWNER/OFFICER SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR CASCADE DAFO USE ONLY</b>			
<b>CUSTOMER ID</b>	<b>DATE APPROVED</b>	<b>CREDIT LIMIT</b>	<b>PRE-FAB FAST FIT ONLY?</b>